

# Dr ASA Robinson and Partners

## Quality Report

Whitehall Surgery  
Wortley Beck Health Centre  
Ring Road  
Lower Wortley  
Leeds  
LS12 5SG  
Tel: 0113 467 7533  
Website: <http://gpnhs.net/index.html>

Date of inspection visit: 27 September 2016  
Date of publication: 14/11/2016

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

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Outstanding	
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 Dr ASA Robinson and Partners (known as Whitehall Surgery) on 27 September 2016. Overall the practice is rated as good, and for providing safe, caring, responsive and well-led care for all of the population groups it serves. We have rated the practice as outstanding for providing effective services.

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

- The practice 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.)
- There was an open and transparent approach to safety. All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.
- Risks to patients were assessed and well managed.
- There were safeguarding systems in place to protect patients and staff from abuse.
- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs and practice manager were accessible and supportive. There was evidence of an all-inclusive team approach to providing services and care for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients' needs were assessed and care was planned and delivered following local and national care pathways and National Institute for Health and Care Excellence (NICE) guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice staff had a good understanding of the needs of their practice population and were flexible in their service delivery to meet patient demands; such as providing additional GP appointments or telephone, face to face, Skype, E-consultations via Email

# Summary of findings

consultations when required.

- Patients said they found it easy to make an appointment. There was continuity of care and if urgent care was needed patients were seen on the same day as requested.
- Information regarding the services provided by the practice and how to make a complaint was readily available for patients.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and engagement with patients.

We saw some areas of outstanding practice:

- The practice had completed a significant number of two cycle audits which demonstrated good outcomes for patients. Over a period of two years and nine months the practice had documented 56 audits, of

which 41 were full cycle, the other 15 were to be re run later this year or next year. We saw significant improvements to patient outcomes had been made as a result of this audit activity, including within the areas of palliative care and the prevention of diabetes.

- Care planning within the practice was comprehensive. Details in the plans included regular detailed reviews of the patient, early detection of any deterioration and changes in symptoms, collaboration and liaison between care providers, continuity of care with clinicians and nurses and evidence of the development of close relationships with patients and family/carers. Patient feedback in relation to the support they received was high.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Risks to patients were assessed and well managed. For example an emergency drug risk assessment was conducted with regards to the GP 'grab bags' and stock on site in May 2016.
- There were effective systems in place for reporting and recording significant events. There was evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- There was a nominated GP lead for safeguarding children and adults. Embedded systems and processes were in place to keep patients and staff safeguarded from abuse. We saw there was safeguarding information and contact details available for staff.
- There were processes in place for safe medicines management.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There were regular checks and risk assessments undertaken, which included those relating to health and safety, such as infection prevention and control.

### Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- The practice had completed a significant number of two cycle audits which demonstrated good outcomes for patients. In 2014, 2015 and 2016 to date i.e. in two years and nine months the practice had documented 56 audits, of which 41 were full cycle, the other 15 were to be re run later this year or next year, therefore 73% of Audits were already full two cycle.
- Clinical audits could demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with local and national pathway and NICE guidance.
- We saw evidence of annual appraisals and up to date training for staff.
- End of life care was delivered in a compassionate and coordinated way.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.

# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were either comparable to, or higher than, the local and national averages.
- There was evidence of working with other health and social care professionals, such as the mental health team, to meet the range and complexity of patients' needs.
- Care planning within the practice was comprehensive. Details in the plans included regular detailed reviews of the patient, early detection of deterioration and change in symptoms, collaboration and liaison between care providers, continuity of care with clinician and nurse and evidence of the development of close relationships with patient and family/carers. Patient feedback in relation to the support they received was high.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice comparable to other practices for the majority of questions regarding the provision of care. Comments we received from patients on the day of inspection were very positive about their care.
- We observed that staff treated patients with kindness, dignity, respect and compassion. Patients' comments aligned with these observations.
- Patients told us that the practice was friendly and caring. It was apparent when talking with both clinical and administrative staff during the inspection there was a genuine warm and supportive ethos within the practice. There was a variety of health information available for patients, relevant to the practice population, in formats they could understand.
- The practice maintained a register of those patients who were identified as a carer and offered additional support as needed.
- Care planning for those patients who required it was comprehensive.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked with Leeds West Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- National GP patient survey responses and comments made by patients indicated appointments were available when needed.

# Summary of findings

- The practice offered pre-bookable, same day and online appointments (28% (2,519 patients) of patients were registered for the on line service). They also provided extended hours appointments in the week (Monday to Friday 7am to 7pm), telephone consultations and text message reminders.
- All patients requiring urgent care were seen on the same day as requested.
- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients or those with complex conditions.
- The practice staff had a very good understanding of the needs of their practice population and were flexible in their service delivery to meet patient demands; such as providing additional GP appointments or telephone consultations when required.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.

## Are services well-led?

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

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.
- The provider 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 and patients were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services.
- The practice proactively sought feedback from patients through engagement with patients and their local community.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Proactive, responsive care was provided to meet the needs of the older people in its population.
- They offered rapid access appointments to those patients with enhanced needs and those who could not access the surgery due to ill health or frailty.
- Medication reviews were undertaken every six months.
- Registers of patients who were aged 75 and above and also the frail elderly were in place to ensure timely care and support was provided.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care and support they needed.
- The practice had registered patients who resided in two local residential care homes and Skype tele video calls were due to be undertaken by a GP, at each of these homes, to support provision of care and treatment.
- The practice conduct an annual community flu clinic at New Farnley Community Centre where a 'Neighbourhood Action' service provide transport, tea and scones, and arranged for advisors from the fire brigade, healthy eating, 'Keep Warm in Winter' and links to exercise and other groups to attend.

### People with long term conditions

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

Good



- The GPs and practice nurse both supported the management of long term conditions. Annual or six monthly reviews were undertaken to check patients' health care and treatment needs were being met. There was an effective system for the follow-up of non-compliant patients.
- The practice maintained a register of patients who were at high risk of an unplanned hospital admission. Care plans and support were in place for these patients.
- Clinicians had access to a matron regarding care, treatment and support of these patients, particularly those which were housebound.
- There were effective systems in place to support the recall of these patients for influenza and pneumococcal vaccinations.

# Summary of findings

- Pre-diabetes checks were undertaken with those patients who were deemed most at risk of developing diabetes.
- The practice delivered care and support for some patients using an approach called the 'Year of Care'. This approach enabled patients to have a more active part in determining their own needs in partnership with clinicians. It was currently used with patients who had diabetes.
- 100% of patients with diabetes, on the register, who have had influenza immunisation in the preceding 12 months (CCG average 94%, national average 94%).
- 86% of patients diagnosed with asthma had received an asthma review in the last 12 months (CCG and national averages of 75%).
- 92% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months (CCG average 89%, national average 90%).
- The practice's IT use was extensive. The practice bought computers 20 years ago for summaries and repeats and went paper-light in 2000. The practice had developed templates over a period of many years (designed in house and now used across the city) which helped clinicians to provide consistently high quality care across the range of conditions. The recall and review, results handling and communication processes with patients was effective. The practice's QOF score was 100% in 2014/2015.

## 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. For example, the practice provided or hosted ante-natal, post-natal and child health surveillance clinics.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were 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. Same day access was available for all children under the age of five.

Good





# Summary of findings

- At between 95% and 100%, immunisation uptake rates were in line with CCG and national rates for all standard childhood immunisations. There was a dedicated member of staff who followed up those children and their families who did not attend or who were overdue for immunisations.
- Sexual health, contraceptive and cervical screening services were provided at the practice, which included implants and chlamydia screening.
- The practice promoted cervical screening and 84% of eligible patients had received a test (CCG average 79%, national average 82%).
- Routine access for appointments is usually within five days, often 48 hours, and all staff were aware that young children's conditions may change rapidly. The practice have on-the-day access for patients under five years, and staff are enabled to add or hasten appointments, and bring to a clinician's attention any patient in distress.

## 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 provided extended hours appointments on evenings, telephone consultations, online booking of appointments and ordering of prescriptions.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.
- Travel health advice and NHS travel vaccinations were available.
- Measles, mumps and rubella (MMR) and Meningitis ACWY (The Men ACWY vaccine is given by a single injection into the upper arm and protects against four different causes of meningitis) vaccinations were offered to students. Temporary registration was also available for patients who were staying in the area for less than three months.
- The practice has operated from 7am for many years, but now have extended access from 7am to 7pm. They sought to reserve early and late appointments for those working during the day. To further support the working age population online appointments, electronic prescribing, and increased telephone and Skype consultations were available.

Good



# Summary of findings

- The practice used their website and social media as platforms to share information with their patients.
- The practice used e-consultations to provide advice on various things, including for travel immunisations, mental health, sick notes and long term conditions like asthma.

## 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.
- We saw there was information available on how patients could access various local support groups and voluntary organisations.
- An alert was placed on the electronic record of patients who had a learning disability, to raise awareness with staff of any potential vulnerability.
- There was a designated member of staff who managed a register of patients who had a learning disability and ensured they were offered an appointment for an annual health review.

Good



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

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

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.
- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- 95% of patients diagnosed with dementia and 92% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses, had received a review of their care in the preceding 12 months. These were both slightly above CCG and national averages.
- The practice followed up these patients who did not attend their appointments.
- Patients who were at risk of developing dementia were screened and support provided as necessary.

Good



# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs or dementia.
- The practice had organised in house training with the sector psychiatrist.
- The practice set up direct email correspondence with staff to avoid previous problems with poor communication and delays in information being received.

## What people who use the service say

- 89% of respondents described their overall experience of the practice as fairly or very good (CCG 89%, national 85%)
- 83% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG 84%, national 79%)
- 66% of respondents described their experience of making an appointment as good (CCG 76%, national 73%)
- 87% of respondents said they found the receptionists at the practice helpful (CCG 89%, national 87%)
- 97% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG 97% and national 95%)

- The latest Friends and Family Test (2016) showed that 100% of the 29 responders would be extremely likely or likely to recommend the practice to others.

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 20 comment cards all of which were positive. They stated they felt listened to and cited staff as being caring and helpful. The felt they received excellent and professional care from the GPs and practice nurse.

We also spoke with 15 patients on the day; some were also members of the patient participation group. They were all very positive about the staff and the practice. They gave us several examples to demonstrate how they had been cared for and treated. When they had been referred to another service, they felt they it had appropriate and in a timely way. They said felt very supported by the practice.

- The practice had completed a significant number of two cycle audits which demonstrated good outcomes for patients. Over a period of two years and nine months the practice had documented 56 audits, of which 41 were full cycle, the other 15 were to be re run later this year or next year. We saw significant improvements to patient outcomes had been made as a result of this audit activity, including within the areas of palliative care and the prevention of diabetes.

- Care planning within the practice was comprehensive. Details in the plans included regular detailed reviews of the patient, early detection of any deterioration and changes in symptoms, collaboration and liaison between care providers, continuity of care with clinicians and nurses and evidence of the development of close relationships with patients and family/carers. Patient feedback in relation to the support they received was high.

# Dr ASA Robinson and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr ASA Robinson and Partners

Dr ASA Robinson and Partners (known as Whitehall Surgery) and is a member of the NHS Leeds West Clinical Commissioning Group (CCG). Personal Medical Services (PMS) are provided under a contract with NHS England. The practice is registered with the Care Quality Commission (CQC). They offer a range of enhanced services, which include:

- extended hours access
- delivering childhood, influenza and pneumococcal vaccinations
- facilitating timely diagnosis and support for people with dementia
- identification of patients with a learning disability and the offer of annual health checks
- identification of patients at a high risk of an unplanned admission and providing additional support as needed.

The practice is located at:

Whitehall Surgery

Wortley Beck Health Centre

Ring Road

Lower Wortley

Leeds

LS12 5SG

The centre is purpose built with easy access for disabled patients or families with pushchairs and there are car park facilities on site.

The patient list size is currently 8,791 and made up of predominantly white British patients, with a small number of patients from mixed ethnic backgrounds. There is a slightly higher than CCG and national average number of patients aged 5 years or older. For example, 22% of the population are aged 18 or younger, compared to 19% for the CCG and 21% nationally. At 59%, there is a lower than CCG (66%) and national (61%) average number of patients who are in paid employment or full time education. However, at 2%, the unemployment status of patients is lower than CCG and national figures of 5%. In addition there are 67% of patients who have a long-standing health condition, compared to 51% CCG and 54% nationally.

There are four GP partners (one male, three female), one female salaried GP, one male associate GP and one female GP registrar. There are regular locum GPs and three female practice nurses. The clinicians are supported by a practice manager and a team of administration and reception staff who oversee the day to day running of the practice.

The practice is open Monday to Friday 7am to 7pm. Appointments can be pre-booked, made on the same day

# Detailed findings

or a telephone consultation can be arranged. 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.) These include local residential and nursing care homes, where the practice has 32 registered patients who reside there.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds West CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 27 September 2016. During our visit we:

- Spoke with a range of staff, which included a GP partners, the practice nurses, the practice manager and administration staff.
- Reviewed CQC comment cards and spoke with patients regarding the care they received and their opinion of the practice.
- Reviewed questionnaires given to reception/administration staff prior to the inspection.
- Observed in the reception area how patients, carers and family members were treated.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting, recording and investigating significant events (SEAs).

- Staff told us they would inform the practice manager of any incidents. There was an electronic incident recording form on the practice computer system. The SEAs were discussed at the monthly practice meeting and we saw evidence which showed investigation, actions being taken to improve safety in the practice and shared learning with the staff. For example a 24 hour blood pressure monitor was incorrectly booked for a patient. This should have been picked up before the patient attended the surgery. The process and booking procedure was changed as a result and now all appointments were checked accordingly.
- The practice was 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 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.
- Safety alerts were cascaded to all staff 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. We saw evidence of:

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. Staff had received training relevant to their role and could demonstrate their understanding of safeguarding. The GP acted in the capacity of safeguarding lead for adults and children and had been trained to the appropriate level three. Although it was not possible for the GPs to attend external multi-agency safeguarding meetings,

reports were always provided where necessary. Quarterly multidisciplinary meetings were held. Any child safeguarding issues or concerns were communicated to them either at the meeting or as the need arose. Patients who were vulnerable or at risk of safeguarding were identified on their patient record to alert staff as appropriate.

- A notice was displayed in patient areas, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) It was recorded in the patient's record when a chaperone had been in attendance or had been refused.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a nominated lead for infection prevention and control (IPC). All staff had received up to date training in IPC. We saw evidence that monthly IPC audits had taken place and action had been taken to address any improvements identified as a result. There was an IPC policy in place and the practice liaised with the local IPC team as necessary.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. A recent antibiotic prescribing audit to reduce resistance patterns and avoidable HCAI (Management of healthcare associated infections) was conducted and was repeated three monthly and discussed at clinical meetings. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had

## Are services safe?

been adopted by the practice to allow nurses to administer medicines, in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- We reviewed three personnel files and two of the most recently recruited staff. We found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references, evidence of qualifications 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).
- A health and safety policy and up to date fire risk assessment.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked flexibly to cover any changes in demand, for example annual leave, sickness or seasonal.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff were up to date with fire and basic life support training.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were stored in a secure area which was easily accessible for staff. This contained relevant medicines, such as steroid and salbutamol inhalers and nebulising equipment. All the samples of medicines and equipment we checked were in date, fit for purpose and stored securely.
- 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.





# 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. The practice covered both implementation of national and local guidelines and also were making changes in response to practice significant events with a resultant improvement in patient care.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example a recent antibiotic prescribing audit to reduce resistance patterns and avoidable HCAI (Management of healthcare associated infections) was conducted and was repeated three monthly and discussed at clinical meetings.

The practice had completed a significant number of two cycle audits which demonstrated good outcomes for patients. In 2014, 2015 and 2016 to date i.e. in two years and nine months the practice had documented 56 audits, of which 41 were full cycle, the other 15 were to be re run later this year or next year, therefore 73% of Audits were already full two cycle.

All staff were actively engaged in activities to monitor and improve quality and outcomes. Examples of two cycle audits included:

EPaCCS (Electronic Palliative Care Co-ordination Systems) 'End of Life' Audit

- Electronic Palliative Care Co-ordination Systems (EPaCCS) enabled the recording and sharing of people's care preferences and key details about their care at the end of life.
- The audit was developed and carried out by a practice GP in April 2014 and re-run in April 2015 and 2016. The practice wanted to improve documentation for patients at end of life, and to discuss and code DNAR (Do Not Attempt Resuscitation) decisions, and 'Preferred Place'

of death on the practice computer system. A template was designed to assist documentation and communication between all the IT system users. Comparison was made with 2010 recording when very little of this information was recorded. Over the audit period, documentation of discussions, and communication improved substantially. In 2010 only 2 out of 15 expected patient deaths occurred at home, but in 2015, 13 out of 33 occurred at home, in their preferred place of death.

- Since then the template had been rolled out across the city. Preferred place of death was recorded in 25% of patients in Quarter 1 of 2016 for all deaths, and for 69% of patients using EPaCCS. The preferred place of death was achieved in around 80% (79 to 84% depending on CCG) of patients, which was a city wide improvement.

### Pre diabetes Advice

- This audit was developed and carried out by a practice GP in May 2011 and re run in May 2016. This was to identify whether diagnosing pre diabetes and giving lifestyle advice altered the patient's HbA1c levels (Glycated hemoglobin is a form of hemoglobin that is measured primarily to identify the three-month average plasma glucose concentration. The test was limited to a three month average because the lifespan of a red blood cell is four months). A baseline audit was completed, then re run five years later in May 2016, during which time 510 patients had been coded as pre-diabetic. Of these, 487 were coded as lifestyle advice given (96%). At the end of the five years, 17 patients (3%) had developed diabetes, (HbA1c in diabetic range), 325 (65%) had HbA1c still in the pre diabetes range, and 164 patients (33%) had HbA1c were now in normal levels. The audit was due to be re run in May 2017. The progression into diabetes mellitus from prediabetes is approximately 25% over three to five years. The practice has clearly reduced the risk of pre-diabetes progressing to overt diabetes.

### 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).



# Are services effective?

## (for example, treatment is effective)

The most recent published results (2014/15) showed the practice had achieved 100% of the total number of points available, with 4% exception reporting. This exception reporting was lower than the CCG and national averages of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data showed:

- Performance for diabetes related indicators were comparable to CCG and national averages. For example, 94% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months; CCG and England averages of 88%.
- Performance for mental health related indicators were comparable to CCG and national averages. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months; CCG average 89%, England average 90%.

The practice used clinical audit, peer review, local and national benchmarking to improve quality. There had been a significant number of audits completed in the preceding two years. We reviewed two which were completed audits and could demonstrate where improvements had been identified, implemented and monitored.

### Effective staffing

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

- The learning and development needs of staff were identified through appraisals, meetings and reviews of practice performance and service delivery. All staff had received an appraisal within the preceding 12 months.
- Staff were supported to access e-learning, internal and external training. They were up to date with mandatory training which included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff.
- Staff who administered vaccines and the taking of samples for the cervical screening programme had

received specific training, which included an assessment of competence. We were informed staff kept up to date of any changes by accessing online resources or guidance updates.

- The GPs were up to date with their revalidation and appraisal.
- The practice nurses were up to date with their nursing registration.

### Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients. They could evidence how they followed up patients who had an unplanned hospital admission or had attended accident and emergency (A&E); particularly children or those who were deemed to be vulnerable.

Staff worked with other health and social care services, such as community matron and mental health services, to understand and meet the complexity of patients' needs and to assess and plan on-going care and treatment. With the patient's consent, information was shared between services using a shared care record. We saw evidence that multidisciplinary team meetings to discuss patients and clinical issues, took place on a quarterly basis.

Care plans were in place for those patients who had complex needs, were at a high risk of an unplanned hospital admission or had palliative care needs. These were reviewed and updated as needed. Information regarding end of life care was shared with out-of-hours services, to minimise any distress to the patient and/or family. We looked in detail at a care plan and found that it was comprehensive. Details in the plan included regular detailed reviews of the patient, early detection of deterioration and changes in symptoms, collaboration and liaison between care providers, continuity of care with clinicians and nurses and promotion of an effective working relationship with patient and family. This was very well received by patients.

On request, GPs delivered services to two local residential care and nursing homes where they had registered patients. This supported a continuity of care and helped to ensure treatment and support was given appropriately. The practice planned to utilise Skype in the future.

### Consent to care and treatment



# Are services effective?

## (for example, treatment is effective)

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency and Fraser guidelines. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. The practice kept a record of children's mobile phone numbers from the age of 13 in order to address them directly if required. The parent was recorded as alternative mobile phone number. This was implemented with the parents consent.

We saw evidence that when a patient gave consent it was recorded in their notes. Where written consent was obtained, this was scanned and filed onto the patient's electronic record.

### Supporting patients to live healthier lives

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

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who acted in the capacity of a carer

We were informed (and saw evidence in some instances to support this) that the practice:

- Encouraged patients to attend national screening programmes for cervical, bowel and breast cancer. 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 uptake rates were higher than CCG and national averages, for example:

Cervical screening in the preceding five years was 84% (CCG 79%, national 82%).

Breast screening of females aged 50 to 70 in the last 36 months was 73% (CCG 69%, national 72%). Bowel screening of patients aged 60 to 69 years in the last 30 months was 61% (CCG and national 58%).

- Carried out immunisations in line with the national childhood vaccination programme. Uptake rates for children aged eight weeks to five years ranged from 91% to 100%; which were above the CCG averages of 84% to 100%.
- Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.
- Pre-diabetes checks were undertaken with those patients who were deemed most at risk of developing type two diabetes.
- The practice used their website and social media as platforms to share information with their patients.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- There was a private room should patients in the reception area want to discuss sensitive issues or appeared distressed.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.
- Both male and female chaperones were available for those patients who requested one and it was recorded in the patient's record.

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

- 90% of respondents said the last GP they saw or spoke to was good at listening to them (CCG 91%, national 89%)
- 88% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG 89%, national 87%)
- 90% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG 88%, national 85%)
- 93% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG 92%, national 91%)
- 95% of respondents said the last nurse they saw or spoke to was good at giving them enough time (CCG 93%, national 92%)
- 92% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG 92%, national 91%)

All of the 20 comment cards we received were positive about the service and care they had received. They stated they felt listened to and cited staff as being caring, friendly and helpful.

The 15 patients we spoke with on the day were also very positive about all the staff and the practice. They gave us several examples to demonstrate how they had been cared for and treated.

### Care planning and involvement in decisions about care and treatment

Care planning within the practice was comprehensive. Details in the plans included regular detailed reviews of the patient, early detection of any deterioration and changes in symptoms, collaboration and liaison between care providers, continuity of care with clinicians and nurses and evidence of the development of close relationships with patients and family/carers. Patient feedback in relation to the support they received was high.

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

- The choose and book service (NHS E-Referral Service) was used with all patients as appropriate. We were informed by the GPs that the secretaries completed referrals and choose and book requests. Patients were very positive regarding this process and felt reassured that referrals were made in a timely manner.
- Interpretation and translation services were available for patients who did not have English as a first language.
- There were information leaflets and posters displayed in the reception area available for patients.

Data from the national GP patient survey showed respondents rated the practice variable in comparison to other local and national practices, for some of the questions. For example:

- 93% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG 84%, national 82%)
- 89% of respondents said the last GP they saw was good at explaining tests and treatments (CCG 88%, national 86%)
- 90% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG 86%, national 85%)
- 93% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG 91%, national 90%)

Patients' comments we received on the day of inspection were very positive in response to the above questions.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

The practice maintained a carers' register and the patient electronic record system alerted clinicians if a patient was a carer. At the time of our inspection the practice had identified 217 carers, which equated to approximately 2% of the practice population. All carers were offered a health check and influenza vaccination. Additional support was provided either by the practice or signposted to other services as needed (e.g., advisory afternoon for the elderly, pension benefit advisory services and healthy eating). Carers were encouraged to participate in the Carers Leeds yellow card scheme. This card informs health professionals that the individual is a carer for another person and to take this into consideration should the carer become ill, has an accident or is admitted to hospital.

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. At the time of our inspection there were 23 patients on the palliative care register. We were informed that if a patient had experienced a recent bereavement, they would be contacted and support offered as needed.

We saw there were notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations. There was also information available on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with NHS England and Leeds West CCG to identify and secure provision of any enhanced services or funding for improvements. Services were provided to meet the needs of their patient population, which included:

- Extended hours appointments during the week.
- 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.
- Telephone consultations.
- Longer appointments as needed.
- Online services such as booking of appointments and reordering of prescriptions.
- Travel vaccinations which were available on the NHS.
- Disabled facilities, such as wide corridors and toilets suitable for disabled patients.
- Interpretation and translation services.
- Providing additional GP appointments or telephone, face to face, Skype, E-consultations via Email consultations when required.

We were informed that due to the size of the practice, the staff were aware of which patients may require specific assistance or be encountering physical, mental or social difficulty. They could then offer support or signpost patients to other services in a timely manner. Patients' comments supported this information.

### Access to the service

The practice was open Monday to Friday 7am to 7pm. There was a responsive appointment system where appointments could be pre-booked, made for the same day or a telephone consultation could be arranged. We saw the next available appointment was for the day of our inspection. When the practice was closed out-of-hours services were provided by Local Care Direct, which could be accessed via the surgery telephone number or by calling the NHS 111 service.

Data from the national GP patient survey showed respondents rated the practice in line with other local and national practices, with regard to access to the service. For example:

- 80% of respondents were fairly or very satisfied with the practice opening hours (CCG 83%, national 78%)
- 62% of respondents said they could get through easily to the surgery by phone (CCG 77%, national 73%)
- 95% of respondents said the last appointment they got was convenient (CCG 94%, national 92%)

The practice prided themselves on their accessibility for patients. We were informed they tried to accommodate patients' requests to be seen as soon as possible. Patients we spoke with on the day of inspection also confirmed this.

The practice developed a 'Duty Doctor System' which enabled a dedicated GP within the surgery to deal with urgent matters for that day, when there were no appointments left available to book. The Duty Doctor was also able to speak with patients over the telephone or arrange an appointment to be seen by them at the surgery.

### 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 complaints.
- All complaints and concerns were discussed at the practice meeting.
- There was information available in the practice, in the patient information leaflet and on the practice website, to help patients understand the complaints system.

We reviewed complaints received in the last 12 months. We found they had been satisfactorily handled. Lessons had been learned and action taken to improve quality of care.



# 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. There was a statement of purpose submitted to the Care Quality Commission which identified the practice values. For example, “Providing high quality, safe, professional Primary Health Care General Practice Services to our patients”.

All staff knew and understood the practice vision and values.

There was a strategy and supporting business continuity plans in place which reflected the vision and values of the practice.

### Governance arrangements

There were effective governance processes in place which supported the delivery of good quality care and safety to patients. This ensured there were:

- Practice specific policies which were implemented, updated, regularly reviewed and available to all staff.
- A comprehensive understanding of practice performance. Monthly practice meetings were held where practice performance, significant events and complaints were discussed.
- Clinical audit was used to monitor quality and drive improvements. Audits were undertaken in line with identified need.
- Arrangements for identifying, recording, managing and mitigating risks.
- A good understanding of staff roles and responsibilities. Staff had lead key areas, such as safeguarding, dealing with complaints and significant events, infection prevention and control.
- Business continuity and comprehensive succession planning in place, for example the recruitment and development of staff.

### Leadership and culture

There was clear leadership and staff told us the GPs and practice manager were very visible in the practice, approachable and could be easily accessed when needed. They described working at the practice as being “part of a

family” with very good working relationships between the GP partners and staff. The GP and practice manager also spoke in very complimentary terms regarding all of their staff.

On the day of inspection the partners in the practice could demonstrate they had the experience, capacity and capability to run the practice and ensure high quality care. All staff told us they prioritised safe, high quality and compassionate care. We saw evidence of:

- Practice and clinical meetings being held (monthly or three weekly).
- Formal minutes from a range of quarterly multidisciplinary meetings held with other health and social care professionals to discuss patient care and complex cases, such as palliative care.
- An all-inclusive team approach to providing services and care for patients.
- Systems in place to ensure compliance with, the requirements of the duty of candour.

The culture of the practice was one of openness, honesty and supportive of patients and staff who worked there. Patients said they felt it was ‘a personalised service from a family practice’. Staff said they felt very supported and proud of the service they provided.

### 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:

- Patients through day to day engagement with them.
- Members of the patient participation group (PPG). The PPG met every quarter and felt confident in submitting ideas and suggestions for improvements to the practice. Examples of change been implemented included requesting high-backed chairs in reception, an improved phone system and lengthening the hours for some appointments.
- The 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.

### Continuous improvement

# Are services well-led?

Good 

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

Dr ASA Robinson and Partners is a practice whose main priority was to continue to deliver quality services to patients. Staff and patients informed us they were happy with the practice and the care they received. In order to achieve this, the practice were looking at maintaining stability by being:

- The practice staff had a good understanding of the needs of their practice population and were flexible in their service delivery to meet patient demands; such as providing additional GP appointments or telephone, face to face, Skype, E-consultations via Email

consultations when required.

- The practice had completed a significant number of two cycle audits which demonstrated good outcomes for patients. Over a period of two years and nine months the practice had documented 56 audits, of which 41 were full cycle, the other 15 were to be re run later this year or next year. We saw significant improvements to patient outcomes had been made as a result of this audit activity, including within the areas of palliative care and the prevention of diabetes.