

# Armley Medical Centre

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Armley Medical Practice on 23 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety 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 complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients in the main said they found it easy to make an appointment. There was continuity of care. Urgent appointments were available the same day. In addition to pre-booked appointments, 'sit and wait' sessions were provided twice a day and these patients were seen by the duty doctor.
- The practice list size was growing, and additional staff had been recruited to the practice. This meant that increased pressure was being placed on the practice's facilities, although good use was made of the space available to staff. The facilities were appropriate to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

**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.
- The practice had a number of policies and protocols in place to govern staff activity.

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 the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. We saw that salaried GPs did not have the opportunity to complete any pre-appraisal documentation. The practice told us they would review their processes in relation to this.
- 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. At the time of our inspection patient records were not always contemporaneously completed following discussion at multidisciplinary meetings. The practice told us they would review their processes in relation to this.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice gave examples of where they provided personalised, considerate care to patients. For example pre-prepared prompt cards had been developed for a patient whose first language was not English, and who was also hard of hearing.
- All the CQC patient comment cards we received on the day of the inspection described the practice staff as caring and respectful. Patients we spoke with on the day told us they were involved in decisions about their care and treatment plans.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds West Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was participating in the enhanced care home scheme to improve the care and treatment of patients resident in care homes, and to improve communication between the practice and the care homes. In addition the practice was part of a recently formed 'Mental Health Transformation Programme' for the locality, seeking to identify available resources for people with mental health difficulties, and improve access to such services.
- Patients said they found it easy to make an appointment with a GP or nurse and there was continuity of care, with urgent appointments available the same day. In addition to pre-booked appointments, the practice operated 'sit and wait' sessions twice daily for people requiring urgent appointments. These patients were seen by the duty doctor.
- The practice list size was growing, and additional staff had been recruited to the practice. This meant that increased pressure was being placed on the practice's facilities, although good use was made of the space available to staff. The facilities were appropriate to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

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

- The practice provided us with their statement of purpose ahead of the inspection. This described their vision and values as being innovative, supportive, making use of communication, trust and understanding, being professional and accessible. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners and practice manager 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 improvement was encouraged at all levels

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice 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.
- Before the inspection we sought feedback from two local residential homes for older people who had residents registered at the practice. They both told us they were happy with the standard of care provided to their residents by GPs and practice staff.
- In conjunction with two other local practices, the practice participated in an enhanced care home scheme. Funding had been received from the CCG to fund a care home nurse and health care assistant, shared by all three practices. These staff visited all care homes on a weekly basis to monitor the health and well-being of the residents, ensure care and treatment plans were appropriate, and provide a link between care home and practice.
- The practice had a register of older and vulnerable patients at risk of unplanned admission. A care co-ordinator had been appointed who oversaw their care, created care plans which were regularly updated and reviewed by clinicians, and made contact with this group of people at least every six months, or following hospital admission and discharge.
- A dedicated telephone number was available to this group of patients to access the practice

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 90% of patients with diabetes had received a seasonal flu vaccination in the preceding year, compared to 94% locally and 95% nationally.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. The practice had recently introduced an annual review in the month of the patient's birthday, where all conditions were reviewed and any investigations or tests arranged at one appointment.
- The practice used the 'Year of Care' model for a number of long term conditions. These encouraged patients to set their own lifestyle and health objectives when managing their condition.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were in line with national averages for all standard childhood immunisations. The practice told us they had recently changed their processes for re-inviting patients who failed to attend their initial appointments, and this had improved uptake to bring it in line with national averages.
- Staff told us that children and young people were treated in an age-appropriate way and described examples to demonstrate this.
- The practice operated a 'sick child protocol' which meant that children under one year were always offered a same day appointment.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Health visitor clinics were held weekly in another part of the building, and coincided with a childhood immunisation clinic.
- Midwifery clinics were held in the practice twice weekly.
- Staff provided examples to demonstrate how joint working with health visitors had been effective in sharing information and planning care for children in vulnerable circumstances, or for those with additional 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).

Good



# Summary of findings

- The needs of the working age population, those recently retired and students had been acknowledged. The practice was open between 7am and 7pm Monday to Thursday, between 7am and 6pm on Friday, and between 8am and 12 midday on Saturday. This made it easier for working age people to access a convenient appointment time.
- Patients were able to receive text reminders of appointments. Where test results were normal these were also communicated by text.
- 77% of eligible women had received a cervical screening test in the preceding five years compared to 79% locally and 82% nationally.
- The practice was proactive in offering online services as well as a full range of health promotion and screening reflecting the needs for this age group. The practice provided evidence that 1662 patients (12% of the practice list) had registered for online services.
- The practice offered new patient checks and screening for blood borne viruses was routinely carried out with the patient's permission.

## 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 healthcare professionals in the case management of vulnerable patients.
- The practice was able to signpost this group of patients to local resources to support their needs.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 1% of their patient population as carers, and offered them an annual health check. They were signposted to local organisations 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

- 83% of patients with schizophrenia and other psychoses had a record of their alcohol consumption completed in the preceding 12 months which is lower than the local and national averages of 89% and 90% respectively.
- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the local and national averages of 83% and 84% respectively.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice participated in a local 'Mental Health Transformation Group' which sought to identify available resources for people experiencing mental health difficulties, and improve access to services. Staff had received 'Suicide Awareness and Prevention' training.
- One of the GPs was an expert in 'Mindfulness' and promoted the practice of mindfulness. For example by visiting a local group for Asian women to promote this approach.
- Patients were able to access the 'Patient Empowerment Project' to help combat social isolation.
- All staff had been trained as 'Dementia Friends'. The practice had access to a memory support worker.
- The practice carried out advance care planning for patients with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency or other out of hours services where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results which were published in July 2016 showed the practice was performing below local and national averages in some respects. There were 331 survey forms distributed and 113 were returned. This represented 34% of the surveyed population and less than 1% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the local average of 77% and national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 87% and national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the local average of 87% and the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 83% and national average of 78%.

During the inspection we explored these lower than average results in relation to access. We saw an action plan which had been developed in response to patient feedback about telephone access to the practice. The practice had installed a new telephone system in December 2015 and additional phone lines had been installed. At the time of our visit the practice had not evaluated the impact of these changes.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. Reception staff were described as helpful, GPs and nurses were described as helpful and caring. Comments included being able to get appointments when they needed them. One of the comment cards was completed by a district nurse who worked with the practice, describing positive working relationships with the practice.

In addition we received written testimonies from the care home nurse working with the practice, from one former GP trainee and two locum GPs currently working with the practice. All these testimonies spoke positively about the practice and described good working relationships with all staff at the practice.

We spoke with six patients during the inspection, including four members of the patient participation group (PPG). All but one of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One person we spoke with told us getting through to the practice by telephone was difficult; although they told us their young child always received an appointment on the day when requested.

In the most recent Friends and Family Test (FFT) 91% of 35 respondents said they would recommend the practice to others.

# Armley Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Armley Medical Centre

Armley Medical Practice is situated at 95 Town Street Leeds LS12 3HD, which is approximately two miles west of Leeds City Centre. It is housed in a large, modern, purpose built health centre. The practice is located on the first floor of the building, with lift access. The building is shared with a number of other local services such as physiotherapy and community gynaecology services. Some Leeds Community Healthcare staff are also based in the building. There is an independent pharmacist located on the ground floor. The practice has parking facilities, disabled access and is accessible by public transport.

There are currently approximately 14,200 patients on the practice list. The age profile of the practice shows a significantly higher than average number of people in the 20 to 34 year age group. The Public Health England National General Practice Profile shows the majority of the patient population are of white British origin, with 7% Asian, 2% black and 3% other ethnicities.

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, minor surgery and childhood vaccinations.

The practice has four GP partners, two male and two female. In addition there are three salaried GPs, two female and one male. The practice is a training practice, which means it provides training for qualified doctors wishing to specialise in general practice. Support is also provided for allied health professionals (AHPs) to obtain non-medical prescribing qualifications. On the day of the inspection we received written testimonies from a former GP trainee who described the practice as a supportive learning environment with good educational input. We also received written testimonies from two locum GPs who worked at the practice. They both described the practice as offering thorough induction, and said that as locums they felt part of the team, involved in clinical meetings and able to contribute to practice development.

The practice was involved in developing and managing a practice nurse preceptor programme in 2014/15 to encourage general nurses to enter practice nursing.

The clinical team is completed by one female advanced nurse practitioner (ANP), four female practice nurses, two female health care assistants (HCAs) and one female phlebotomist.

The clinical team is supported by a practice manager, assistant practice manager, reception manager and a range of administrative, secretarial and reception staff.

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

The average life expectancy for patients at the practice is 75 years for men and 81 years for women, compared to 78 years and 82 years respectively for the CCG average, and 79 years and 83 years respectively for the national average.

The practice is open between 7am and 7pm Monday to Thursday, and between 7am to 6pm Friday. The practice also opens between 8am and 12 midday on Saturday. We

# Detailed findings

were told that from 3 September 2016 the practice would work towards providing seven day access to appointments delivered through the shared resource of a locality' hub'. Initially access would be on Saturday only.

Weekly clinics are held which include asthma, diabetes and contraceptive services.

Out of hours care is provided by Local Care Direct which is accessed by calling the surgery number or by calling NHS111 service.

Armley Medical Practice was previously inspected by the Care Quality Commission in December 2013. It did not receive a rating at that time.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Leeds West Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided both before and during the inspection. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national GP patient survey and the NHS Friends and Family Test (FFT) information. In addition we contacted two residential homes for older people who had residents registered at the practice. We carried out an announced visit on 23 August 2016.

During our visit :

- We spoke with a range of staff including three GPs, one practice nurse, the practice manager, assistant practice manager and the care co-ordinator.
- In addition we spoke with six patients, including four members of the PPG.
- We observed communication and interaction between staff and patients, both face to face and on the telephone.
- We reviewed an anonymised sample of the personal care or treatment records of patients
- We reviewed comment cards where patients and members of the public shared their views
- We received additional written testimony from former or current employees
- In addition we reviewed 13 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:

- 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).

# Detailed findings

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 were provided with evidence which showed the practice had reported concerns to the CQC in relation to inadequate care at a local care home.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an urgent fax had been received from a district nurse requesting additional investigations for a patient with suspected cancer. It was found there had been a delay in acting upon this fax. This was discussed at a clinical meeting, and decision made for all faxes to be reviewed carefully by reception staff, with urgent faxes being escalated for the attention of a GP immediately. Feedback was also given to the neighbourhood team to encourage that urgent communication by email was followed up by other means to ensure safe receipt and action.

### 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 did not attend safeguarding meetings; however they provided reports when requested 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 or three.
- Notices in clinical rooms advised patients that chaperones were available if required. At the time of our inspection some of these notices had been removed due to recent redecoration. 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 identity of the chaperone was recorded on the patient record, both by the clinician and the person who acted as chaperone.
- 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 IPC updates via their local protected learning time events. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example we saw that a replacement chair for one of the GP rooms had been ordered. In addition it had been decided that only nurses or health care assistants rather than reception staff, were to use spillage kits in the event of bodily fluid spillage.
- 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. We saw that

## Are services safe?

the emergency medicine stock did not contain rectal diazepam. This is used in emergency situations to stop 'cluster' seizures in people with epilepsy. However we saw documentary evidence that the practice had considered this omission, and concluded that due to their proximity to emergency services at the local accident and emergency this medicine could be omitted from their stock.

- 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. The advanced nurse practitioner (ANP) had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. 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 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.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- 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. We saw that some files relating to staff who had been in post for a number of years did not include application forms and other information, however we saw that the recruitment policy was comprehensive and thorough, and had been followed for all recently recruited staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Nurses and administrative staff worked to regular rotas and covered one another during periods of annual leave or sickness, GPs had a 'buddy' system which ensured that GP cover was adequate at all times. Locums were in regular use at the time of our inspection due to the absence of one partner on maternity leave; and we saw that a comprehensive locum induction pack was in use.

### Arrangements to deal with emergencies and major incidents

The practice had 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 an area accessible to staff. All staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan (BCP) in place for major incidents such as power

## Are services safe?

failure or building damage. We saw the plan did not include emergency contact numbers for staff. The practice told us they would update their BCP with this information.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw that one of the GPs produced summaries following notification of new NICE guidance which was disseminated to all relevant staff and was accessible on the shared computer system. For example new guidelines on dealing with sepsis. Sepsis, or blood poisoning is a potentially life threatening condition triggered by an infection or injury.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) showed the practice had achieved 89% of the total number of points available (national average 95%), with 5% exception reporting (national average 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.

This practice's prescribing data suggested a higher than average rate of prescribing of hypnotics (medicines used to aid with sleeping difficulties) We explored this during the inspection. The practice were aware of this, and told us the practice population had a historic high use of these medicines however they were part of a new local reporting scheme aimed at reducing levels of hypnotic prescribing.

The practice had lower than average prevalence of coronary heart disease, which was felt to be due to the demographics of the practice, with fewer numbers of older patients. Data from 2014/15 showed:

- Performance for diabetes related indicators was lower than local and national averages. For example 73% of patients with diabetes had a normal cholesterol reading recorded in the preceding 12 months compared to the CCG and national average of 81%.
- Performance for mental health related indicators was lower than local and national averages. For example 74% of patients with schizophrenia or other psychoses had a comprehensive care plan completed in the preceding 12 months compared to the CCG average of 88% and national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The federation of which the practice was a part had recently recruited a research nurse to act as a shared resource. The practice benchmarked against local practices through the 'Practice MOT' tool which compared data such as accident and emergency attendance, referral rates and elective admissions across the practices in Leeds West CCG.
- In conjunction with two local practices the practice participated in an enhanced care home scheme. The practice provided data which suggested that since the inception of the scheme contacts with out of hours services had reduced by 13% from the previous year.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving the appropriateness of prescriptions for specialised infant formula for babies suspected of having cows' milk protein intolerance.

Information about patients' outcomes was used to make improvements such as reviewing the prescribing protocols for treatment of patients with dementia.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that salaried GPs did not have the opportunity to complete any pre-appraisal documentation. The practice told us they would review their processes in relation to this. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, informal clinical supervision and facilitation and support for revalidating GPs and nurses. We saw the practice was developing a system of more formal clinical supervision for appropriate staff. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis. We saw that care plans were not always contemporaneously updated at the time of the meetings. The practice undertook to review their processes to allow this to be carried out.

### 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 decide 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. Consent was recorded on the patient's electronic medical record. Written consent was obtained for more invasive procedures such as minor surgery. This was then scanned onto the patient record.

### 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.

# Are services effective?

(for example, treatment is effective)

- The practice participated in the local pre-diabetes project which aimed at increasing patient awareness of contributory lifestyle factors to this condition, and improve early diagnosis and treatment rates.
- Smoking cessation services were available locally.
- The practice had been successful in acquiring funding to provide appropriate patients access to commercial weight loss programmes for a three month period. In addition the practice had access to local weight management programmes, and held lifestyle support sessions in-house to provide education and motivation to encourage patients to improve their lifestyle choices.
- The practice was engaged with the local 'Mental Health Transformation' project which was assessing the range of support services available to people from local services including third sector (charitable) services to improve access and uptake.
- One of the GPs was an expert in 'Mindfulness' and was engaged in educating local groups as to the value of this approach. Mindfulness is a type of meditation where the participant focuses on the present moment, slows down breathing and focuses sensory awareness on the feelings in the body.
- Social prescribing (Patient Empowerment Project) services were available to patients to support patients experiencing social isolation. A clinic was held weekly in the practice.

- Patients experiencing difficulties with memory were able to access support from a local memory support worker.

The practice's uptake for the cervical screening programme was 77%, which was lower than the CCG average of 79% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% and five year olds from 89% to 94%. National averages were 86% for two year olds and 80% for five year olds.

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

# Are services caring?

## Our findings

### 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 eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% 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%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.

- 90% 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%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 84% 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%.
- 81% 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%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that telephone interpreter services were available for patients who did not have English as a first language.
- The practice had a hearing loop system in place and also made use of British Sign Language (BSL) interpreters for patients with a hearing difficulty who could use sign language.

## Are services caring?

- We were told that patient information was available in larger format for those patients with visual difficulty.
- The practice gave an example of where pre-prepared prompt cards had been developed for a patient whose first language was not English, and who was also hard of hearing.
- The patient check in screen allowed patients to choose the language of their choice when using the self check -in process.

### **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 117 patients as carers (1% of the practice list). Carers were offered an annual health check and signposted to 'Carers Leeds'. We saw information displayed in the waiting area advising of additional support services available to carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them if appropriate to offer additional support. The practice sent relatives of deceased patients a condolence card. The card contained details of bereavement counselling services if people wished to access additional support via these means.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds West Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice participated in the local Quality Improvement scheme as part of the national prevention programme to address the needs of pre-diabetic and diabetic patients.

- Each day the practice provided two 'sit and wait' sessions to accommodate those patients who were not able to obtain an appointment, and who required a same day appointment. These patients were seen by the duty doctor of the day.
- Longer appointments of up to 30 minutes were available for patients with additional needs.
- Online services were available. We saw data which showed that 12% of patients had registered for online services.
- The practice operated a 'sick child' protocol which meant that children under one year old were always offered a same day appointment.
- Home visits were available for housebound or very sick patients.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice was accessible to wheelchair users. The practice was situated on the first floor of a purpose built building. A lift was provided for the use of staff and patients.
- The practice made use of a hearing loop. They were able to access BSL interpreters when needed, or telephone interpreter services for those patients whose first language was not English.

### Access to the service

- The practice was open between 7am and 7pm Monday to Thursday, and between 7am and 6pm Friday. The practice was also open between 8am and 12 midday on Saturday. Patients attending on Saturday were able to access the full range of treatments, including blood tests. Appointments could be booked up to four weeks in advance. The practice offered 'sit and wait' sessions in the morning and in the afternoon on weekdays to

accommodate those patients who were not able to obtain an appointment, and who required a same day appointment. These patients were seen by the duty doctor of the day.

- From 3 September 2016 the practice told us they would be working towards providing seven day access to appointments delivered through the shared resource of a locality' hub'. Initially access would be Saturday only.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 75%.
- 60% 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%.

The practice showed us an action plan which indicated that a new telephone system and additional lines had been installed. This was in response to patient dissatisfaction with telephone access. At the time of our visit the impact of this had not yet been assessed.

People told us on the day of the inspection that they were usually able to get appointments when they needed them.

### Listening and learning from concerns and complaints

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

- The practice's complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website and in the patient information leaflet.

We looked at 25 complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way, demonstrating openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following several errors being made on prescriptions provided for residents of care homes the practice had changed their system. Prescriptions for these

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

patients were checked by the nurse in charge of the care home unit before being issued. This made sure that all medicines were appropriate and that all requested medicines were dispensed.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice provided us with their statement of purpose ahead of the inspection. This described their vision and values as being innovative, supportive, making use of communication, trust and understanding, being professional and accessible. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had developed 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 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. This included support and training for all staff on

communicating with patients about notifiable safety incidents. The partners and management team operated an 'open door' policy, and 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 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. We noted that practice staff took part in local fund raising events such as 'Race for Life' and the Macmillan coffee morning.
- Staff said they felt respected, valued and supported, by the partners and management team. Staff told us they felt able to raise issues at staff meetings or informally.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, contributed to the development of patient surveys and submitted proposals for improvements to the practice management team. For example the PPG had suggested that patients be able to book appointments for phlebotomy online. The practice had adopted this approach. In addition the PPG had suggested that high rise seating be available in the waiting area for patients who were less mobile, and the practice had provided a number of these for patient use.
- The practice had gathered feedback from staff through staff appraisals, meetings and informal discussion. Staff told us they would feel able to give feedback and discuss any issues or concerns with management. They told us they felt proud to be part of the practice team.



# Are services well-led?

Good 

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice participated in the 'Enhanced Care Homes' scheme in

conjunction with two other local practices. In addition they were engaged in the 'Mental Health Transformation Scheme' for the LS12 area which aimed at improving access to support and services in the local area for people experiencing mental health difficulties.