The Roundhay Road Surgery

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Roundhay Road Surgery on 29 June 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- The 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 when required.
- Many of the staff were multilingual which supported effective communication with their patients.
- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs 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 found it generally 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 complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- The practice promoted a culture of openness and honesty. There was a nominated lead who had a very organised approach for dealing with significant events. 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.

Summary of findings

- There were safeguarding systems in place to protect patients and staff from abuse.
- 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 and their local community.

We saw some areas of outstanding practice:

- The practice facilitated an annual 'healthy eating' open day to provide information for patients on how to grow, eat and cook food more healthily; particularly Asian cuisine in relation to diabetes. Anecdotal and photographic evidence showed these events were well attended.
- At the suggestion of the patient participation group, the practice had set up a weekly pilates class. This had been ongoing for the past two years and both patients and staff had access to the classes. As a result of positive feedback and attendance classes had increased to twice a week.
- There were dedicated staff 'champions' for cancer screening, immunisation programmes and long term condition (LTC) reviews. (Practices with disproportionately high ethnic minority populations are usually associated with low uptake rates.) They contacted patients and provided information. Often staff were able to speak to the patient in their own language to aid understanding. As a result, uptake for LTC reviews, screening and immunisations were higher than CCG and national averages.

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?

Good

The practice is rated as good for providing safe services.

- Risks to patients were assessed and well managed
- There were systems in place for reporting and recording significant events and near misses. There was a nominated lead who ensured all incidents were recorded on the electronic reporting system and could evidence a very organised approach. There was evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- There was a nominated lead for safeguarding children and adults. Systems 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. The practice were supported by the local CCG pharmacy team to ensure safe and effective prescribing was undertaken.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control (IPC) who could evidence an organised and knowledgeable approach. They undertook IPC audits and regular checks of the building.
- There were kits available to deal with the spillage of bodily floods, such as blood, but not all non-clinical staff were aware of how to use them. The practice informed us they would ensure this would be rectified.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with local and national pathways and NICE guidance.
- We saw evidence of appraisals and up to date training for staff.
- 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.
- Clinical audits could demonstrate quality improvement.
- End of life care was delivered in a compassionate and coordinated way.

Summary of findings

- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were either comparable or higher than the local and national averages.
- There were dedicated staff 'champions' for cancer screening, the childhood immunisation programme and long term condition (LTC) reviews. They contacted patients and provided information. Often staff were able to speak to the patient in their own language to aid understanding. As a result, uptake for LTC reviews, screening and immunisations were higher than CCG and national averages. For example:
- cervical screening was 90% (CCG and national 82%)
- bowel screening in the preceding 12 months had increased from 12% to 40%
- at between 98% and 100%, immunisation uptake rates were higher than CCG and national rates for all standard childhood immunisations.
- The practice facilitated an annual 'healthy eating' open day to provide information for patients on how to grow, eat and cook food more healthily; particularly Asian cuisine in relation to diabetes. Anecdotal and photographic evidence showed these events were well attended.
- At the suggestion of the patient participation group, the practice had set up a weekly pilates class. This had been ongoing for the past two years and both patients and staff had access to the classes. As a result of positive feedback and attendance classes had increased to twice a week.

Are services caring?

Good

The practice is rated as good for providing caring services.

- 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 positive about their care.
- We observed that staff treated patients with kindness, dignity, respect and compassion. Patients' comments aligned with these observations.
- It was apparent when talking with both clinical and administrative staff during the inspection there was a genuine warm, caring and supportive ethos within the practice.

Summary of findings

- There was a variety of health information available for patients, relevant to the practice population, in formats they could understand.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked with Leeds South and East Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- The practice had reasonable facilities and was equipped to treat patients and meet their needs. However, the GPs acknowledged the premises needed to be updated but were constricted by circumstances out of their control. We were informed they were in talks with both the landlord and the CCG to look at how they could make improvements to the building or relocate to modernised premises.
- National GP patient survey responses and comments made by patients indicated appointments were available when needed.
- The practice offered pre-bookable, same day and online appointments. They also provided extended hours appointments one day per week, 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 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?

Good

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.
- The GP partners spoke in very complimentary terms regarding their staff.

Summary of findings

- Staff were motivated, incentivised and supported to meet Quality and Outcomes Framework (QOF) targets and encourage patients to attend for cancer screening and childhood immunisation programmes. There was a reward system in place for staff in recognition of their hard work.
- 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; particularly the local community centre.

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

Good

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

- Proactive, responsive care was provided to meet the needs of the older people in its population.
- 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 were provided. Health checks were offered for all these patients.
- The practice could evidence a good understanding of their elderly patients, how they were cared for, their family environment and cultural needs. Due to the Asian culture, many elderly patients resided with or were cared for by their families and the practice had good relationships with these to ensure the needs of all concerned were met.
- 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 a good working relationship with the staff who worked in a nearby sheltered housing facility. If the staff had any concerns about the patients who resided there, they would alert the practice, who acted on them accordingly.

People with long term conditions

Good

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

- The practice nurses had lead roles in the management of long term conditions, supported by the GPs. Six monthly or annual reviews were undertaken to check patients' health care and treatment needs were being met.
- The practice maintained a register of patients who were a high risk of an unplanned hospital admission. Care plans and support were in place for these patients. They were also given priority same day appointments.The practice verbally informed us this had supported a reduction in the number of A&E admissions. However, written evidence was not available at the time of our inspection.

Summary of findings

- The practice had a same day access policy for those patients who experienced a deterioration in their condition. Longer apppointments were also available as needed.
- 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 asthma, chronic obstructive pulmonary disease (COPD), diabetes or coronary heart disease (CHD).
- Patients who had COPD were given a self-management plan and a prescription to enable quick access to medicines in case of an acute exacerbation of their symptoms (anticipatory prescribing).
- 100% of newly diagnosed diabetic patients had been referred to a structured education programme in the preceding 12 months (CCG average 87%, national average 90%).
- 88% 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 88%, national average 90%).

Families, children and young people

Good

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, in the provision of 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 of abuse.
- 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 acces was available for all children under the age of five.
- At between 98% and 100%, immunisation uptake rates were higher than CCG and national rates for all standard childhood immunisations.

- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 90% of eligible patients had received cervical screening (CCG and national average 82%).

Working age people (including those recently retired and students)

Good

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 one day a week, 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. This included screening for early detection of COPD (a disease of the lungs) for patients aged 35 and above who were known to be smokers or ex-smokers.
- Health checks were offered to patients aged between 40 and 74 who did not have a pre-existing condition.
- Travel health advice and vaccinations were available.

People whose circumstances may make them vulnerable

Good

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.
- As part of the blood borne virus screening programme, Hepatitis B and Hepatatis C testing were offered to all new patients aged between 16 and 65. Testing was also offered to those patients who were thought to be 'at risk'. The practice also offered latent tuberculosis screening.
- The practice could identify patients who were at risk of female genital mutilation (FGM), forced marriage or radicalisation and provided additional support as needed.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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.
- 100% of patients diagnosed with dementia and 94% 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 higher than the CCG and national averages.
- Patients who were at risk of developing dementia were screened and support provided as necessary.
- Staff had a good understanding of how to support patients with mental health needs or dementia.

Summary of findings

What people who use the service say

The national GP patient survey distributed 404 survey forms of which 35 were returned. This was a response rate of 9% which represented less than 1% of the practice patient list. One of the rationales for such a low response rate could be due to the numbers of patients who are of non-English origin and may have poor English literacy skills. The results published in January 2016 showed the practice was performing in line with local CCG and national averages, for the majority of questions. For example:

- 78% of respondents described their overall experience of the practice as fairly or very good (CCG 82%, national 85%)
- 59% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG 76%, national 79%)
- 70% of respondents described their experience of making an appointment as good (CCG 70%, national 73%)
- 88% of respondents said they found the receptionists at the practice helpful (CCG 85%, national 87%)
- 95% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG 94% and national 95%)
- 100% of respondents said they had confidence and trust in the last nurse they saw or spoke to (CCG 96%, national 97%)

The latest Friends and Family Test (May 2016) showed that 91% would be extremely likely or likely to recommend the practice to others. There were 88 responders in total, seven of whom didn't know whether they would recommend or not.

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 26 comment cards all, with the exception of one (which related to the appointment system), were positive and used the words 'very good' to describe the service and care they had received. They stated they felt listened to and also cited staff as being caring and helpful.

We also spoke with three patients on the day; all of whom were very positive about the staff and the practice. They gave us examples where they had felt cared for and treated well and also how family members were cared for by the practice. One of the patients informed us of the benefits of attending the pilates class after being encouraged to do so by the GP due to musculoskeletal problems.

Outstanding practice

We saw some areas of outstanding practice:

- The practice facilitated an annual 'healthy eating' open day to provide information for patients on how to grow, eat and cook food more healthily; particularly Asian cuisine in relation to diabetes. Anecdotal and photographic evidence showed these events were well attended.
- At the suggestion of the patient participation group, the practice had set up a weekly pilates class. This had been ongoing for the past two years and both patients and staff had access to the classes. As a result of positive feedback and attendance classes had increased to twice a week.
- There were dedicated staff 'champions' for cancer screening, immunisation programmes and long term condition (LTC) reviews. (Practices with disproportionately high ethnic minority populations are usually associated with low uptake rates.) They contacted patients and provided information. Often staff were able to speak to the patient in their own language to aid understanding. As a result, uptake for LTC reviews, screening and immunisations were higher than CCG and national averages.

The Roundhay Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and a GP specialist advisor.

Background to The Roundhay Road Surgery

The Roundhay Road Surgery is a member of the Leeds South and East 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) to provide the following regulated activities: diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services, which include:

- extended hours access
- improving online 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

The practice is located in an area of high deprivation within the Harehills district, being in close proximity to Leeds city cente and St James Hospital. The practice operates from a leased three storey Victorian terraced property, situated on a main road. There are consulting rooms on both the ground and first floor which are accessed by stairs. Patients with mobility difficulties are seen in the ground floor rooms. There is disabled access and a small number of car parking spaces at the front and additional nearby on-street parking. We were informed of the difficulties the current premises presented in developing further services for patients. The GPs acknowledged the premises needed to be updated but were constricted by circumstances out of their control. We were informed they were in talks with both the landlord and the CCG to look at how they could make improvements to the building or relocate to modernised premises.

Over the past two years, there had been an increase of 300 patients onto the practice list. This was due, in the main, to the closure of local practices. The practice currently has a patient list size of 3,531 made up of approximately 82% from an Asian origin (mainly Bangladesh and Pakistan), 8% Eastern European and 10% British. They have a higher than CCG and national average number of patients aged 45 years or younger, but a lower average of patients aged 65 years and older. The unemployment status of patients is 18%, compared to 8% locally and 5% nationally. However, at 66%, there is a higher than CCG (59%) and national (61%) average number of patiens who are in paid employment or full time education.

We were informed that none of their elderly patients resided in nursing/care homes. This was due, in the main, to the culture of Asian families providing care and support of their elderly relatives within their own homes. However, there were some registered patients who resided in a nearby sheltered housing facility. The practice had good links with the staff who worked there and would be alerted to any concerns.

There are two GP partners, one female and one male. Nursing staff consist of two practice nurses and a health care assistant; all of whom are female. There is a practice manager, a data management lead and a team of administration and reception staff who oversee the day to day running of the practice.

Detailed findings

The practice is open Monday to Friday 8am to 6pm, with extended hours on Tuesday from 6pm to 8pm. Gp appointments are available:

Monday, Thursday, Friday 9am to 11.30am and 2pm to 6pm

Tuesday 9am to 11.30am and 2pm to 7.30pm

Wednesday 9am to 11.30 am and 12.30pm to 5.30pm

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.) We were informed of the close working relationships they had with the local community and nearby Roundhay Road Community Centre.

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 South and East 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 (January 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 29 June 2016. During our visit we:

- Spoke with a range of staff, which included both GPs, the practice nurse, the practice manager and date management lead.
- Reviewed CQC comment cards and spoke with patients regarding the care they received and their opinion of the practice.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting, recording and investigating significant events and near misses.

- We were informed there was a culture of openness, transparency and honesty.
- The practice was aware of their wider duty to report incidents to external bodies such as Leeds South and East 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.
- A practice nurse was the nominated lead, and had a very organised approach, for ensuring all significant events and near misses were recorded on the electronic reporting system. We saw there was evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- All significant events relating to medicines were monitored by the local CCG medicines management team. Any concerns or issues were then fed back to the practice to act upon.
- There was a system in place to ensure all safety alerts were cascaded to 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. A 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. The health visitor regularly attended the practice and any child safeguarding issues or concerns were communicated to them.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones 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 refused.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. All staff had received up to date training in infection prevention and control (IPC). A practice nurse was the nominated lead for IPC, who could evidence an organised and knowledgeable approach. They undertook regular checks of the building and we saw evidence that an IPC audit had taken place and action had been taken to address any improvements identified as a result. There were several kits available in different areas of the practice, which could be used to deal with the spillage of bodily floods, such as blood. However, not all non-clinical staff were aware of how to use them. The practice informed us this issue would be rectified.
- 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. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient

Good

Are services safe?

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 or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) The health care assistant was trained to administer vaccines or medicines against a patient specific direction (PSD).

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

Monitoring risks to patients

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

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and legionella (legionella is a bacterium which can contaminate water systems in buildings).
- 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. All the medicines and equipment we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the practice intranet and as a paper copies. We were informed of a 'buddying' system with a nearby practice, where they could access consulting rooms or the computer system should the need arise.

Good

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 the latest guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). We saw minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2014/15) showed the practice had achieved 96% of the total number of points available, with 4% exception reporting. This was lower than the CCG and national average 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 some diabetes related indicators was higher than CCG and national averages. For example, 91% 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 was higher than the CCG and national averages. For example, 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months; CCG average 88%, England average 90%.

The practice used clinical audit, peer review, local and national benchmarking to improve quality. We saw several clinical audits and reviewed two; one regarding the value of prescribing a calcium and vitamin D3 supplement for patients with osteoporosis and the other relating to the co-prescribing of simvastatin and amlodipine; which are prescribed in some patients who have raised cholesterol and hypertension (raised blood pressure). The audits had been undertaken in July 2015 and repeated again within 12 months. Both these audits could demonstrate where improvements had been identified and subsequently maintained.

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 which also covered those topics.
- 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.

Good

Are services effective?

(for example, treatment is effective)

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

Consent to care and treatment

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.

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) that the practice:

- Encouraged patients to attend national screening programmes for cervical, bowel and breast cancer. There were dedicated 'champions' for each of the screening programmes. They contacted patients and provided information and advice of the benefits of attending the screening. Often staff were able to speak to the patient in their own language to aid understanding. Regular reports were provided to alert staff as to who should be contacted when their screening was due. The practice informed us how this approached had increased uptake rates for both the cervical and bowel screening programmes:
- uptake rate for cervical screening in the preceding five years was 90%, which was higher than the CCG and England averages of 82%.
- uptake rate for bowel screening in the preceding 12 months had increased from 12% to 40%
- Carried out immunisations in line with the childhood vaccination programme and, again, had a nominated 'champion' to promote the programme. Uptake rates were higher than the CCG and national averages. For example, children aged up to 24 months ranged from 98% to 100% and 100% for five year olds.
- 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.
- The practice screened patients aged 35 and above who were known to be smokers or ex-smokers, for the early detection of chronic obstructive pulmonary disease (a disease of the lungs).
- Participated in blood borne virus testing for Hepatitis B and Hepatitis C, for all new patients aged between 16 and 65 and those patients who were 'at risk'. The practice also offered latent tuberculosis screening.
- Advised and supported diabetic patients how to manage their care through the Ramadan period.
- A Health trainer attended the practice one day a week to provide additional support for patients with lifestyle advice and weight loss.
- A representative from the local Connect for Health team attended the practice, to support patients who may have had financial, housing or isolation issues.

Good

Are services effective?

(for example, treatment is effective)

- Identified patients who were at risk of female genital mutilation (FGM), forced marriage or radicalisation and provided additional support as needed.
- Facilitated an annual 'healthy eating' open day to specifically provide information for patients, particularly on how to cook Asian cuisine more healthily. This involved cookery demonstrations and a talk on how to grow foods to cook with. Many staff and patients had participated, shared recipes and had cooked food for tasting. This event was now in its third year. Anecdotal and photographic evidence showed the event was well attended.
- At the suggestion of the patient participation group, the practice had set up a weekly pilates class; particularly for those who had musculoskeletal problems. This had been ongoing for the past two years and, for a nominal fee, both patients and staff had access to the classes. As a result of positive feedback and attendance the classes had been increased to twice a week.

Good

Are services caring?

Our findings

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.
- 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:

- 78% of respondents said the last GP they saw or spoke to was good at listening to them (CCG 87%, national 89%)
- 75% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG 85%, national 87%)
- 67% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG 82%, national 85%)
- 92% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG and national 91%)
- 89% of respondents said the last nurse they saw or spoke to was good at giving them enough time (CCG and national 92%)
- 91% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG 90%, national 91%)

All of the 26 comment cards we received, with the exception of one (which related to the appointment system), were positive and used the words 'very good' to describe the service and care they had received. They stated they felt listened to and also cited staff as being caring and helpful.

Patients we spoke with on the day, were also very positive about the staff and the practice. They gave us examples where they had felt cared for and treated well and also how family members were cared for by the practice.

Care planning and involvement in decisions about care and treatment

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

- The choose and book service was used with all patients as appropriate.
- Interpretation and translation services were available for patients who did not have English as a first language. The GPs could speak other languages to enable patients understand their decision making.
- There were information leaflets and posters displayed in the reception area available for patients; many in languages suitable for the practice population.
- Due to the culture of the majority of the patients, when appropriate, other family members were involved in care planning; particularly for elderly patients.

The Year of Care model was used with patients who had diabetes, asthma, chronic obstructive pulmonary disease (a disease of the lungs) or coronary heart disease (CHD). This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. Personalised care plans for these patients were maintained, which included how to manage an exacerbation in symptoms and any anticipatory medication which may be required.

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

- 71% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG 80%, national 82%)
- 79% of respondents said the last GP they saw was good at explaining tests and treatments (CCG 84%, national 86%)
- 82% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG 84%, national 85%)
- 91% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG 89%, national 90%)

Good

Are services caring?

One of the patients we spoke with informed us of the benefits to their health by attending the pilates class, after being given information and encouraged to do so by the GP.

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. 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. 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.

At the time of our inspection the practice had identified 46 carers, which equated to just over 1% of the practice population. We were informed by the practice that due to their ethnic culture many of their patients did not see themselves as being a carer. As a result, the practice had a 'whole family' approach to ensure everyone was supported as needed. They were also making a concerted effort to encourage patients who supported family members to view themselves as a carer.

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 six 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. Death certificates were provided in a timely manner in line with cultural and religious beliefs.

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.

Good

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 South and East 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:

- 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
- Travel vaccinations which were available on the NHS
- Disabled facilities
- Promotion of and signposting to the Pharmacy First scheme (patients are encouraged to attend their local pharmacy for advice and medicines relating to minor illnesses, such as coughs, colds, earache and hayfever).
- Interpretation and translation services
- Many of the staff were multilingual in languages which reflected their practice population and supported effective communication with patients.

The practice demonstrated a comprehensive understanding of their practice population and individual patient needs. This included communicating in ways that patients could understand, often using culturally focused terminology, to put patients at ease and promote good relationships.

Access to the service

The practice was open Monday to Friday 8am to 6pm, with extended hours on Tuesday from 6pm to 8pm. GP appointments were available:

Monday, Thursday, Friday 9am to 11.30am and 2pm to 6pm

Tuesday 9am to 11.30am and 2pm to 7.30pm

Wednesday 9am to 11.30 am and 12.30pm to 5.30pm

In addition, the GPs held 'open access' clinics to deal with any urgent care needs.

Appointments could be booked in advance and same day appointments were available for people that needed them. 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 comparable to other local and national practices. For example:

- 78% of respondents were fairly or very satisfied with the practice opening hours (CCG 77%, national 78%)
- 63% of respondents said they could get through easily to the surgery by phone (CCG 68%, national 73%)
- 91% of respondents said the last appointment they got was convenient (CCG 91%, national 92%)

Same day access was provided for those patients who were known to have complex needs or at a high risk of an unplanned hospital admission. The practice verbally informed us this had supported a reduction in the number of A&E admissions. However, written evidence was not available at the time of our inspection.

Listening and learning from concerns and complaints

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

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

There had been two 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. We were informed that any verbal complaints were dealt with at the time raised and were generally 'moans and groans' but that any actual complaints were always dealt with in line with the policy.

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 and robust strategy to deliver high quality, safe and effective care in response to the needs of patient within their community.

There was a statement of purpose submitted to the Care Quality Commission which identified the practice values, for example to improve the health and well-being of patients and to treat individuals with respect. All staff knew and understood the practice vision and values.

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

Governance arrangements

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

- A good understanding of staff roles and responsibilities. Staff had lead key areas, such as safeguarding, dealing with complaints and significant events, data and recall of patients, and infection prevention and control.
- Practice specific policies were implemented, updated, regularly reviewed and available to all staff.
- A comprehensive understanding of practice performance. Practice meetings were held where practice performance, significant events and complaints were discussed.
- A programme of clinical audit, which was used to monitor quality and drive improvements.
- Robust arrangements for identifying, recording, managing and mitigating risks.
- Business continuity and comprehensive succession planning in place, for example the upskilling of staff.
- One of the GP partners had a dedicated administration time slot each week to enable them to focus on the financial and strategic direction of the practice.

Leadership and culture

There was a clear leadership structure in place and staff told us the partners were approachable and they felt respected, valued and supported. The GP partners spoke in very complimentary terms regarding all of their staff. There was a system in place to reward staff performance in recognition of their hard work in meeting key performance targets to improve patient care.

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. One of the GPs was a member of the CCG governing body and quality committee. We saw evidence of:

- Practice and clinical meetings being held.
- Formal minutes from a range of 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.

We were informed there was a culture of openness and honesty. The practice was aware of, and had systems in place to ensure compliance with, the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). When there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

There was also a strong understanding of the local community and their practice population in providing services and care in line with their cultural needs.

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 regularly, carried out patients surveys and felt confident in submitting proposals for improvements to the practice.
- The NHS Friends and Family Test, complaints and compliments received.

Are services well-led?

Good

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

- 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

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

- They were part of a federation of practices within the CCG, to look at how the delivery of primary care services could be improved within the local area.
- After the reported success and evaluation of Saturday opening as part of the Winter Pressure Scheme, the practice were planning to have regular Saturday appointments.
- The practice were looking at various options regarding the premises and how they could accommodate additional services for patients.