

Dr Mahmood & Partners

Quality Report

Ravensthorpe Health Centre
Netherfield Road,
Ravensthorpe
Dewsbury
WF13 3JY

Tel: 01924 351510

Website: www.drmahmoodandpartners.co.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mahmood & Partners on 9 February 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, recording and analysing 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 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.
- The practice sought patient views as to how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the patient participation group (PPG).

- Information about services and how to complain was available and easy to understand.
- Patients said they sometimes found it difficult to make an appointment with a named GP. The practice had an action plan to improve access and had introduced a nurse-led triage system to manage the high demand for same day appointment requests.
- Urgent appointments were available the same day.
- The practice was wheelchair accessible, had good facilities and was well equipped to treat patients and meet their needs.
- The practice received a letter of congratulations from the local CCG for the considerable progress made in the Quality and Outcomes Framework (QOF) by the practice.
- 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.

The areas where the provider should make improvement are:

Summary of findings

- Ensure care plans are expanded to demonstrate effective service user engagement.
- Ensure staff receive up to date training in infection prevention and control.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting, recording and analysing significant events. Incidents and significant events were discussed at regular staff meetings and lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There was a nominated lead for safeguarding children and vulnerable adults and systems, processes and practices were in place to keep patients and staff safeguarded from abuse.
- There were processes in place for safe medicines management, which included emergency medicines.
- The premises were clean and well maintained. There were systems to report building or maintenance issues to the owner.
- Risks to patients were assessed and well managed.
- Emergency medicines, oxygen and a defibrillator were available and staff knew of their location.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had identified that Quality and Outcomes Framework (QOF) data was poor. The nurse manager was appointed as the QOF lead to drive improvements. Data from the QOF and a letter of congratulations received from the CCG showed that systems to code patients, maintain accurate disease registers and recall patients for medication reviews had improved significantly.
- Data showed that patient outcomes were above or comparable to CCG and national averages. For example, 94% of patients diagnosed as having diabetes were referred to structured help and advice regarding their diet and lifestyle, as compared to 90% with respect to other practices in the CCG and nationally."
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

Summary of findings

- Clinical audits and reflective case studies demonstrated quality improvement.
- The practice worked with the North Kirklees CCG medicines management team to ensure prescribing was in line with local and national guidelines.
- Staff were encouraged and supported to undertake additional training and had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice was working with other local providers to share best practice.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients we spoke with and comments we received were positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available included how to complain or suggest improvements. This was available in different languages and was easy to understand and accessible.
- We observed a strong patient-centred culture.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



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 the CCG to secure improvements to services where these were identified.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the PPG. For example, clinic times and access were reviewed and increased in response to PPG and patient feedback.

Good



Summary of findings

- National GP patient survey responses showed and patients we spoke with said, they did not find it easy to get through to the practice by telephone. The practice told us it had plans to replace the telephone system.
- Feedback from patients reported that access to a named GP was not always available quickly, although urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had invited the local Healthwatch who undertook patient interviews and advised the practice.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a mission statement and a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning and took local plans for new housing into account.
- 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 encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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 PPG was active and managers from the practice attended the meetings.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.
- Staff informed us they felt very supported by the GPs and management.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice had identified 3% of patients were aged over 65 and 2% were over 75.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided influenza, pneumonia and shingles vaccinations. Flu vaccination rates for the over 65s were 79% compared to the national average of 73%.
- The practice held Palliative Care meetings in accordance with the national Gold Standards Framework involving District Nurses, GP's and the local palliative care nurse.
- The practice engaged with residential and nursing homes to ensure that patient's acute health needs were met and long term condition reviews were undertaken.
- The practice reviewed patients aged over 75 with more than 10 medications on repeat prescriptions.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- clinical staff had undertaken specialist training with respect to diabetes management to improve care for diabetic patients and reduce referrals into other services. Ninety four per cent of patients newly diagnosed with diabetes in the preceding 1 April to 31 March had a record of being referred to a structured education programme within 9 months of being included on the diabetes register, compared to the CCG and national averages of 90%.
- Longer appointments and home visits were available when needed.
- The practice ensured that relevant specialist services were involved with patients with long term conditions such as diabetes, chronic obstructive pulmonary disease or heart problems.

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. 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.

Good



- 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 A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. Childhood immunisations were provided by a community provider. The practice worked with the provider to identify, contact and immunise patients who did not attend.
- The practice had a system to alert clinicians to children that have a child protection plan in place.
- The advanced nurse practitioner was the practice lead for asthma. Seventy nine per cent of patients diagnosed with asthma, on the register, had an asthma review in the the last 12 months compared to the CCG average of 79% and the national average of 82%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 82% of women aged 25-64 notes recorded that a cervical screening test had been performed in the preceding 5 years which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Priority access was given for young children. Reception staff always consulted with a clinician where there was parental concern.
- A GP and advanced nurse practitioner had undertaken family planning /sexual health diplomas and provided a sexual health service.
- Children's flu vaccinations were provided
- The practice hosted a midwife clinic and carried out antenatal and postnatal checks.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Summary of findings

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services to book appointments, order prescriptions and view summary care records. The practice participated in electronic prescribing, patients could order medication directly with their choice of pharmacy.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered late appointments on Tuesday evenings for working people.
- The practice provided in house phlebotomy, ECG, 24 hour blood pressure monitoring and spirometry services. It also hosted an ultrasound scanning service.

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.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered a call back request service when patients were unable to afford the cost of a call.
- When vulnerable patients arrived late for appointments, clinicians would see them wherever possible.
- There was a system to alert clinicians to victims of domestic abuse on the patient records.
- The practice maintained a register of patients with a learning disability. Longer appointments were available for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

Summary of findings

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).

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 83%.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months compared to the CCG average of 89% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice maintained a register of patients with mental health conditions. Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 397 survey forms were distributed and 64 were returned giving a response rate of 16%. While this is a relatively low return rate it represents 2% of the practice's patient list.

- 66% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 79% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 66% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards, the majority were positive about the standard of care received. For example, patients commented that the GPs and staff were helpful. Three patients mentioned the Advanced Nurse Practitioner by name and commented that she was helpful, caring and understanding. Two patients commented that they had difficulty getting appointments.

We spoke with five patients during the inspection. All five patients said they had difficulty getting through to the practice on the phone. They were happy with the care they received and thought staff were approachable, committed and caring.

The practice were aware of the difficulties patients were experiencing and had plans in place to introduce a new telephone system from March 2016.

Areas for improvement

Action the service SHOULD take to improve
The areas where the provider should make improvement are:

- Ensure care plans are expanded to demonstrate effective service user engagement.
- Ensure staff receive up to date training in infection prevention and control.

Dr Mahmood & Partners

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, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Dr Mahmood & Partners

Dr Mahmood & Partners are located on the ground floor of Ravensthorpe Health Centre which hosts another GP practice as well as health visitors, midwives and a dental surgery.

The practice provides primary care services to 2692 patients in the Ravensthorpe area of Dewsbury under a general medical services contract. Eighty eight per cent of patients are from Black Minority Ethnic populations.

The team took over the practice in 2013. There are four partners, two are GPs, one is a nurse and one a managing partner. Of the two GPs, one is male and one female. There is a female advanced nurse practitioner, a female practice nurse, a phlebotomist, a pharmacy technician, a practice manager and an administration team.

- The practice is open between 8am and 6pm Monday to Friday. Appointments are from 8.30am to 6pm Mondays, 8am to 6pm Tuesday to Friday.
- Extended surgery hours are offered until 7.45pm on Tuesdays.
- When the practice is closed services are provided by Local Care Direct and NHS 111

The practice was inspected on 20 January 2014 as part of the previous CQC inspection programme and was found to meet all the essential standards.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses and administrative staff and spoke with patients who used the service and the PPG.
- Observed how staff interacted with patients and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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

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

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

- Older people

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and had identified themes. For example, several incidents involving a mix up of names had occurred. The practice introduced additional identification checks to prevent future incidents.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, procedures for monitoring and replacing emergency medicines were reviewed in response to an item which was used but not replaced.

We saw evidence that when there were unintended or unexpected safety incidents, 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.

As an added measure we recommended to the practice that they discuss significant events with staff to ensure that all events were recorded, including those where the practice procedures worked well and outcomes were positive. For example, we discussed a recent event where a patient became unwell in the waiting room and was promptly attended to and appropriately supported by staff.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies and flowcharts displayed 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 attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Staff had received infection control training but refresher training was overdue. The practice manager gave assurance that this would be provided. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines and vaccine cold chain audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice had three refrigerators for the separate storage of vaccines and samples. An audit of the vaccines and cold chain was undertaken in December 2015 and we noted that recommendations to introduce a device to continuously monitor the vaccine refrigerator temperatures had been actioned with the purchase and installation of an electronic data logger. The nurse responsible for the monitoring of the cold chain was unsure of the detail of recording on the new device and assured us that she would consult the manufacturer's instructions to ensure that the device was used correctly.
- Prescription pads were securely stored and there were systems in place to monitor their use and track

Are services safe?

electronic prescriptions. All medication reviews were undertaken by GPs in keeping with the practice protocols. One of the nurses 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four 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.
- There were failsafe 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.

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 took part in regular fire drills undertaken by the building owners. 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 building 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 term for a particular bacterium which can contaminate water systems in buildings). There was a process for the practice to report faults and building maintenance issues.

- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the reception office.
- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice care plans in place for all patients with a long term condition. There was little evidence to show that these patients were either involved in the plan or had agreed to the plan. The practice provided assurance that they would review practice care planning procedures.

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 were 97% of the total number of points available, with 25% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

We discussed exception reporting with the team. Upon taking over the surgery in July 2013, the practice identified there was no process in place to recall patients for medication reviews or to ensure patients were coded correctly on the clinical system. The practice took a whole team approach to improving the quality of coding and the disease registers. The nurse manager had been identified as the QOF lead and she liaised regularly with the local CCG. We noted some coding errors on the day of the inspection and suggested the practice adopt a more effective coding process and continue the work to identify and correct previous coding errors. Regular QOF meetings

were held to monitor the progress of this work in progress. The practice received a letter of congratulations from the North Kirklees CCG for the considerable progress made by the practice.

Data showed this practice was an outlier for two QOF clinical targets, diabetes prevalence and asthma admissions. Data from 2014/15 showed;

- Seven per cent of the patient population were on the diabetes register, the practice acknowledged that this was lower than the expected prevalence and were reviewing patient records to ensure all diabetic patients were on the register. The practice nurse was the diabetic lead. Performance for diabetes related indicators was better than the CCG and national averages. For example, 94% of patients newly diagnosed with diabetes in the preceding 1 April to 31 March had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register compared to the CCG and national averages of 90%. One hundred per cent of patients with diabetes, on the register, had an influenza immunisation in the preceding 1 August to 31 March compared to the CCG average of 95% and the national average of 94%.
- Performance for mental health related indicators was better than the CCG and national average. For example, 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months compared to the CCG average of 89% and the national average of 88%.
- The practice provided an in-house spirometry service, 92% of patients diagnosed with COPD in had their diagnosis confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register compared to the CCG average of 92% and the national average of 90%.
- The practice engaged with the University of Leeds to identify and manage blood pressure control in those patients at higher risk of cardiovascular events. Data showed the practice demonstrated a 4% improvement of patients were treated in line with evidence-based targets since May 2015.

Clinical audits demonstrated quality improvement.

Are services effective?

(for example, treatment is effective)

- The GPs had undertaken reflective case reviews and there had been six clinical audits completed in the last two years, four 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. For example, the practice were participating in the University of Leeds medical school initiative to improve outcomes for patients with high blood pressure.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring patients taking medications of limited clinical value or where there was a more suitable alternative was on the market were reviewed and entered correctly on the QOF registers.

Information about patients' outcomes was used to make improvements such as; reducing the number of antibiotic prescriptions issued by educating patients and the introduction of a delayed prescription form. Patients would be invited to attend for a consultation and offered self care advice with the option to return for a prescription if appropriate.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety and confidentiality. A recently appointed staff member told us they felt the induction had prepared them well for their role and they received ongoing support from the managers, GPs and other staff members.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending local nursing meetings, access to on line resources, discussion at practice meetings and through continuing professional development.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff attended whole practice learning sessions and received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Staff were encouraged and supported to undertake further education. For example, the practice nurse had received further training in managing patients with asthma, diabetes and Chronic obstructive pulmonary disease (COPD).

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. Information such as NHS patient information leaflets were also available.
- We saw that 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 services 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. We saw evidence of good communication with district nurses, community nurses and the palliative care team who visited the practice on a regular basis. Weekly clinical meetings and multi-disciplinary team meetings took place on a monthly basis. The practice ensured that care plans were routinely reviewed and updated.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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.
- 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 through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice nurse provided smoking cessation advice. Ninety three per cent of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months compared to the CCG average of 87% and the national average of 87%.

The practice's uptake for the cervical screening programme was 82%, which was equal to the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 93% to 100%.

Flu vaccination rates for the over 65s were 79%, and at risk groups 56%. These were above the national averages of 73% and 53% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. 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 very 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.

The majority of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service. Staff listened and were helpful, caring and treated them with dignity and respect. Two patients commented about the difficulty they experienced getting appointments.

We spoke with three members of the patient participation group. 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 comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses.

For example:

- 91% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 87%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 81% said they found the receptionists at the practice helpful (CCG average 85%, national average 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 on the comment cards we received was also positive and aligned with these views.

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:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

There were bilingual staff available and staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice were building a list of carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy

Are services caring?

card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Staff met with the CCG regularly to review their performance and attend local practice meetings. The practice manager was involved in organising and chairing the regular CCG practice manager's meetings.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 7.45pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. Practice and patient information leaflets were available in different languages.
- There was an area in the waiting room where patients could measure their own blood pressure. Results were logged on the patient's clinical record.
- Feedback slips for the friends and family test and suggestion box were available in English and Urdu.
- The practice had reviewed the availability of appointments and introduced a nurse triage service on Monday, Wednesday and Friday mornings to manage the demand for same day appointments.
- The practice had reviewed the number and skill mix of staff employed by the service. A pharmacy technician was employed and an apprentice healthcare assistant was due to start work at the practice in March 2016.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30am to 6pm Mondays

and 8am to 6pm Tuesday to Friday. Extended surgery hours were offered until 7.45pm on Tuesdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 66% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 77% patients said they always or almost always see or speak to the GP they prefer (CCG average 82%, national average 85%).

People told us on the day of the inspection that they often had difficulty getting through to the surgery by telephone. The practice were aware of the difficulties patients were experiencing and had plans in place to introduce a new telephone system from March 2016.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the waiting room and information leaflets were available.

The practice had not received any complaints. Staff told us that they identified that asking patients to complain in writing may have discouraged complaints. When patients were not satisfied they were offered a verbal discussion with the practice manager at a time to suit the patient if they did not wish to complain in writing.

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 had a mission statement which was displayed on the website and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- There was a practice experience improvement plan which was monitored staff understood their responsibilities in relation to this.
- The practice engaged well with the local community and other local services. It reviewed the capacity of the building and changes in the local population. For example, the practice were considering the impact of a further 400 new homes planned for the area would have on the service.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Up to date 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 which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the PPG and through surveys and complaints received.
- There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the extended opening hours and additional emergency appointments offered by the practice. The PPG also helped to encourage patients to attend for flu vaccinations by circulating information locally and making announcements in the local mosques. The PPG had formed a constitution (a constitution is a legally binding agreement that includes its purpose and objectives, who the organisation's stakeholders are,

Are services well-led?

Good 

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

how the group intends to work, its broad principles and the basic structures for decision making and dealing with the finances and assets of the group). They were in the process of identifying sources of funding to improve facilities and services for patients.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 encouraged staff to develop in their roles and undertake further training. The practice worked with the local CCG to continuously monitor the performance of the practice and had received a letter of congratulations for the improvements made.