The Practice Radshan House

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 inspected this service on the 7 October 2014 as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

We found that the practice had made provision to ensure care for people was safe, caring, responsive and effective and well led we have rated the practice as good.

Our key findings were as follows:

- Lessons were learned and improvements were made when things went wrong.
- Patients were supported to live healthier lives.
- Patients told us they were treated with kindness, dignity, respect and compassion whilst they received care and treatment.
- A range of appointments were available for patients, they could access care and treatment at the practice in a timely way.
- Staff understood their role in achieving a patient focussed service.

We saw several areas of outstanding practice including:

- The GP and practice manager ensured the full potential of the IT system was used, including using this to monitor staff's review, incidents, complaints, policies and training. The practice manager actively used this information in staff appraisals and for planning learning and development.
- The practice had created a virtual patient participation group (PPG) to source patient's opinions about their experiences and actively promoted this.
- The GP worked with a local nursing home and did a weekly ward round to the practices patients. The practice was proactively involved in assessing, planning and delivering people's care and treatment. As a result all of the patients now have a care plan which is kept in the patient's record. This has resulted in a reduction of hospital admissions.

However, there were also areas of practice where the provider needs to make improvements.

- The practice do not always use information from significant events to promote learning.

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

Most aspects of the service were safe. Safety was monitored using information from a range of sources. Lessons were learned and improvements were made when things went wrong. Systems, processes and procedures were in place to keep patients safe and safeguarded from abuse. Arrangements for managing medicines were in place. The practice was visibly clean and well-maintained. There were systems in place for the maintenance and use of equipment. Staffing levels and skill mix were planned and reviewed at the practice so that patients received safe care and treatment at all times. The practice managed potential risks to the practice which were anticipated and planned for in advance.

Some aspects of infection control were not effectively monitored. Patients with mobility difficulties should have access to the practice which is safe and significant events should be recorded appropriately.

Are services effective?

Good

The service was effective. Care and treatment was considered in line with current published best practice. Patients' needs were consistently met and referrals to secondary care were made in a timely manner. Staff had the skills, knowledge, qualifications and experience to deliver effective care and treatment. Staff and services worked together to deliver care and treatment. Patients' consent to care and treatment was sought in line with legislation and guidance. Patients were supported to live healthier lives.

Are services caring?

Good

The service was caring. Patients told us they were treated with kindness, dignity, respect and compassion whilst they received care and treatment. The practice had a well-established patient participation group (PPG). Patients who used the practice and those close to them were routinely involved in planning and making decisions about their care and treatment. Patients we spoke with told us they received appropriate and timely support they needed to cope emotionally with their care and treatment.

Are services responsive to people's needs?

Good

The service was responsive to patients' needs. Services at the practice were planned and delivered to take into account the needs

Summary of findings

of different people. A range of appointments were available for patients, they could access care and treatment at the practice in a timely way. Patient's concerns and complaints were listened to and responded to by the practice.	
Are services well-led? The service was well led. Staff understood their role in achieving a patient focussed service. Governance structures were in place and there was a system for managing risk. Leaders at the practice were visible and approachable and encouraged openness and transparency and promoted good quality care. Patient's and staffs views and experiences were gathered and acted on to shape and improve the services and the culture of the practice. The practice used information to continuously improve the quality of services for patients.	**Good** 

Summary of findings

What people who use the service say

We received five completed Care Quality Commission patient comment cards and we spoke with 3 patients on the day of our inspection. We also met with 1 member of the Patient Participation Group (PPG).

The patients spoke highly of the care provided by staff; their gentle manner, nice attitudes and overall customer satisfaction were mentioned. All patients said they were involved and felt supported in the planning and decision making of their care. They felt the clinical staff were knowledgeable about their treatment needs and they were given a caring, compassionate and efficient service. They told us that the reception staff were kind, wonderful, caring and thoughtful. Overall they felt the communication skills of the staff were really good.

Patients reported that staff treated them with dignity and respect and they were given support and information to cope emotionally with any care or treatment. Patients said the service met their needs and was very good. They felt that their views were valued by the practice and they were taken on board. They talked positively about the appointments system and said it was fantastic and the system ran amazingly well.

We looked at the patient comments and feedback on the NHS Choices website. One positive comment made from a patient, said they were perfectly satisfied with the practice; they could always get an appointment and the reception staff were always helpful.

The GP patient survey results published in 2013 stated the practice was found overall to be among the best nationally. We saw that 100% of patients found it easy to make an appointment, 92.2% for opening hours and 91.7% of patients rated the practice as good/very good, 92.2% patients experience of making an appointment as good or very good.

Areas for improvement

Action the service SHOULD take to improve

- The practice do not always use information from significant events to promote learning.

Outstanding practice

The GP worked with a local nursing home and carried out a weekly ward round to the practices patients, living in the nursing home. The practice was proactively involved in assessing, planning and delivering people's care and treatment. As a result all of the patients now have a care plan which is kept in the patient's record. This has resulted in a reduction of hospital admissions.

The Practice Radshan House

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector and a GP.

Background to The Practice Radshan House

The Practice Radshan House is located in Kippax, Leeds and provides primary care services to 1,925 patients. The practice is part of the Practice PLC based in London which holds contracts for over 50 GP surgeries and GP-led Health Centres which regularly delivers over 120 community outpatient clinics per week across the UK. The practice provided a service to a predominantly high elderly population. There is disabled access at the back entrance to the practice and on street parking is available.

The practice is registered with the Care Quality Commission (CQC) to provide the following regulated activities: diagnostic and screening, family planning, maternity and midwifery, surgical procedures and treatment of disease or injury.

The service is provided by one full time male salaried GP and two female regular part time locums. Working alongside the GP is a part time female practice nurse and a part time female health care assistant. There is an experienced management team and 4 administration and reception staff employed to support the practice. The practice provides support to staff through teaching and training.

The practice has a Primary Medical Services (PMS) contract. PMS is a locally agreed alternative to General Medical Service (GMS) for providers of general practice.

The practice is open Monday to Friday 8:00 am to 6:00 pm. They also have extended hours until 7.00 pm on a Monday. A range of appointments are available, including telephone consultation with a GP and urgent appointments on the same day. People are able to book these in person, over the phone or on-line. The practice also offers home visits for patients who are unable to attend the practice. Out of hours services for the practice are directed from the practice to Leeds out of hour's service.

A wide range of practice nurse led clinics are available for patients at the practice. These include vaccinations and immunisations, cervical smears, family planning, removal of sutures and clips, ear syringing and chronic disease management such as asthma, Chronic Obstructive Pulmonary Disease (COPD), diabetes and heart disease and child immunisations. The midwife also provides a clinic every two weeks.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?

Detailed findings

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Families, children and young people
- Working age population (including those recently retired and students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

Before visiting The Practice Radshan House, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. We asked the practice to provide a range of policies and procedures and other relevant information before the inspection to allow us to have a full picture of the practice.

We carried out an announced inspection visit on the 7 October 2014. During our inspection we spoke with a range of staff including a GP, a locum GP, a practice nurse, a health care assistant, receptionists and the practice manager. We spoke with patients who used the service. We observed positive interactions between staff and patients at the reception area during our visit to the practice. We met with one member of the Patient Participation Group (PPG). A PPG is made up of a group of volunteer patients who meet to discuss the services provided by the practice. We reviewed the CQC comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe Track Record

The practice demonstrated that it had a safe track record. Information from the Clinical Commissioning Group (CCG) and Healthwatch indicated that the practice had a good track record for maintaining patient safety. Information from the quality and outcomes framework (QOF), which is a national performance measurement tool, showed that the practice had not received any safeguarding or whistleblowing concerns. Safety was monitored using information from a range of sources including the Quality Outcomes Framework (QOF), patient survey results, patient feedback forms, the PPG, clinical audit, appraisals, professional development planning, education and training. The practice also used an electronic system 'Connect' to monitor safety.

Staff we spoke with were clear and understood their responsibilities to raise concerns, to record safety incidents, concerns, and to report them internally and externally where appropriate. They were able to give examples of incidents that had occurred and the process they would follow to report incidents. The team recognised the benefits of identifying any patient safety incidents. The practice used 'Connect' to record and monitor incidents which occurred within the practice. During the period 30 April 2013 and 7 October 2014, the practice reported 7 incidents. None of the incidents reported had been classified as a serious untoward incident.

As part of our pre-inspection process we reviewed a data pack of the Practice Radshan House. This highlighted risk from CQC intelligent monitoring and other sources to provide inspectors with a summary of information about the location, the service and people's views and experiences. The data pack highlighted two areas of risk. The first indicator was regarding the number of Ibuprofen and Naproxen items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drugs item prescribed. We spoke with the practice manager who confirmed that there were no patients at the practice who received any of these drugs on a repeat prescription. The second indicator was in relation to the number of patients with diabetes at the practice in which the last blood pressure was 140/80 or less in the preceding 15 months. The practice manager told us that patients with diabetes saw the GP for a review and this was followed up with a nurse appointment.

Learning and improvement from safety incidents

The practice demonstrated that lessons were learned and improvements made when things went wrong.

We spoke with the reception staff, a nurse and the practice manager who were able to give examples of incidents and the lessons that were learned.

We saw evidence that incidents were discussed with both clinical and non-clinical staff in regular staff meetings. However, the locums employed by the practice were not included in this meeting so it was likely that some information and the lessons from such incidents could be missed. We were able to review minutes of the meetings and saw that changes had been made as a result of incidents that had occurred to improve safety.

The practice had one significant event. However it had been reported and recorded as a complaint and not as a significant event. Significant events should be recorded to enable the practice to investigate, review and reflect on each incident to ensure the effectiveness of the actions taken.

Reliable safety systems and processes including safeguarding

The practice had reliable systems, processes and practices in place to keep patients safe and safeguarded from abuse. There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The practice had a comprehensive safeguarding policy in place. The policy detailed the steps that staff members should take if they suspected a person may be at risk of abuse. This included the escalation process within the practice and also provided contact details for external agencies. The staff we spoke with were clear and understood their responsibilities to keep people safe and how to escalate concerns regarding safeguarding. Flow charts were displayed prominently throughout the practice with relevant contact details with external agencies and the action to take in the case of suspected abuse.

The majority of staff had attended training in safeguarding children and adults provided by the National Skills Academy for Health. The practice manager told us that two non-clinical staff members would undertake the training as a priority. The GP and Nurse had completed safeguarding children level 3.

Good

Are services safe?

The GP was the named safeguarding lead for the practice. The GP told us that they attended a safeguarding peer session and provided an opportunity for them to discuss and learn from other leads. We spoke with the practice nurse who told us that they had monthly meetings with the health visitor, where updates on children who were on the child protection register were discussed.

The practice had a system in place to record any vulnerable adult or looked after child, so a register could be produced. Meetings were held with the district nursing team, palliative nursing and if appropriate social workers every 6 weeks for patients receiving palliative care and vulnerable patients. We reviewed the minutes of the clinical meetings and found these were of a multidisciplinary nature.

The practice had a chaperone procedure in place to support patients. There were signs prominently displayed in the reception and waiting room explaining that patients could ask for a chaperone during examinations if they wanted one. The healthcare assistant and a member of the reception team had received chaperone training.

Medicines Management

The practice had arrangements in place for managing medicines to keep patients safe, which included obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal. Medicines were kept in a secure store, which could only be accessed by clinical staff. The practice did not have any controlled drugs. There were equipment bags ready for doctors to take on home visits. We checked the contents of the bag and found all medication to be in date.

We checked the refrigerators where vaccines were stored. We saw that there were systems in place to check the refrigerators were working at the correct temperatures and records were maintained to evidence this. We looked at a selection of the vaccines stored and found they were within there expiry date. The practice nurse was responsible for carrying out both temperature and stock control checks.

We saw on the practice web site, practice leaflet and from discussions with the practice manager that patients could request repeat prescriptions either by completing a repeat slip and returning by fax or in person and prescriptions could be collected from the practice or from the pharmacy. They said this would be processed within 48 hours. The practice used an electronic system 'Connect' to support their prescribing decisions. This system gave the GPs access to up to date information and best practice guidelines when prescribing medicines for patients. A record of prescriptions collected by the pharmacy was maintained electronically and also recorded in the patient's record.

There were procedures in place for GP reviews and the monitoring of patients on long term medicine therapy. Patients we spoke with confirmed that they received regular reviews of their medications.

The GP told us that they received medication alerts from the Clinical Commissioning Group (CCG), National Institute for Health and Care Excellence (NICE) and Medicines Products Regulatory Agency (MHRA). Any changes in guidance about medicines were communicated to clinical staff in practice meetings. We were told that where there had been changes to guidelines for some medicines, audits had been completed. A clinical audit in relation to Cepholoxin had been completed and a review of outcomes and the effectiveness of any action taken had also been completed.

Cleanliness & Infection Control

Standards of cleanliness and hygiene were maintained at the practice. We observed most areas of the practice to be visibly clean, tidy and well maintained. We saw that the hand washing facilities, hand gel dispensers, paper towels and instructions about hand hygiene were available throughout the practice. We saw that clinical bins were foot operated and clinical waste was segregated from ordinary waste. We were told the practice did not use any instruments which required decontamination between patients and that all instruments were single use. We observed that the practice had stocks of instruments and that these were within their expiry date.

During our observations of the practice we found there were some deficiencies with infection control and prevention (IPC). For instance, the examination room, midwifes room and 2 consultation rooms were carpeted and looked dirty. Cleaning schedules were available but records did not identify all areas to be cleaned or the frequency.

The sharps bins were appropriately assembled, but the majority were not signed and dated in accordance with IPC guidance. Personal protective equipment (PPE) such as disposable gloves and aprons were available in the

examination areas. However, there were no gloves in two of the consultation rooms. The PPE was stored in a shared examination room which could only be accessed from the two consultation rooms.

We viewed the room where the domestic staff kept their supplies and equipment. We found that the disposable mop heads were visibly dirty and did not meet the required standards to reduce the risk of cross contamination. The practice did not have an adequate stock of disposable mop heads.

The practice had an infection control policy and guidelines in place. This meant staff had guidance to refer to should they need assistance in the systems and processes to use in the management of infection control. The policy provided staff with information regarding IPC, including hand hygiene, sharps injury, PPE and single use medical devices.

The health care assistant was the lead for infection control in the practice and all staff had completed training in IPC. Audits of the IPC processes were completed annually and an action plan had been implemented to address any identified shortfalls. External audits had also been completed every 3 months. In addition the practice undertook audits of compliance of cleaning every two months and we saw evidence of actions taken.

The practice had legionella assessments in place. We saw that used outlets identified were flushed weekly for several minutes and this was recorded. The practice had suitable and sufficient risk assessments required to identify and assess the risk of exposure to legionella bacteria from work activities and water systems on the premises checked to ensure continued satisfactory operation.

We were informed the premises were owned by a private landlord and they were looking for new premises for the practice that would be fit for purpose in respect of IPC and disabled access.

Equipment

The maintenance and use of equipment kept people safe at The Practice Radshan House. Emergency equipment included a defibrillator and oxygen which was readily available for use in a medical emergency. We saw they had been checked regularly to ensure they were in working condition.

We saw that equipment had up to date portable appliance tests (PAT) completed and systems were in place for routine servicing and calibration of equipment where required.

Equipment was clean and functional. Items were labelled with the last service date.

Staffing & Recruitment

Staffing levels and skill mix were planned and reviewed at the practice so that patients received safe care and treatment at all times. Staff told us there were sufficient numbers of staff employed by the practice to provide cover for sickness and holidays.

The practice had an effective recruitment policy and procedures in place. Most staff had been employed for a number of years and there was a low turnover and sickness record. Staff recruitment was recorded electronically on 'Connect'. We looked at the records for the most recently employed receptionist and found this was comprehensive and well maintained. We looked at two staff files during the inspection and found them to be well maintained. Each file contained proof of identification, references and a clear record of training undertaken. We saw the practice had obtained Disclosure and Barring Service (DBS) checks for all new employees recruited since April 2013 and retrospective checks had been undertaken for all clinical staff.

The practice had a Service Level Agreement (SLA) in place with an agency for recruiting locums. They told us that they usually used the same locums for consistency. We saw that appropriate checks had been undertaken which included a GMC reference number, medical indemnity, performance checklist and a DBS check. The practice did not have a locum pack which gave the GP relevant and up to date information about the policies and procedures in the practice. However the locum we spoke with had knowledge of where to find the emergency drugs.

Monitoring Safety & Responding to Risk

The Practice Radshan House managed risks. The practice had developed clear lines of accountability for all aspects of care and treatment. The GPs and healthcare assistant were allocated lead roles in areas such as safeguarding and infection control.

A system was in place to respond to safety alerts from external sources which may have implications or risk for the practice. These included NHS England, Medicines and

Good

Are services safe?

Healthcare Products Regulatory Agency (MHRA) and National Patient Safety Agency (NPSA). Staff were informed of the alerts via email and in meetings. The practice used a computerised system to store all documents including the alerts.

Comprehensive risk assessments were carried out for people who used services. We saw that there were numerous risk assessments in place such as fire, violence and aggression, Control of Substances Hazardous to Health (COSHH) and health and safety. These were reviewed annually.

Staff demonstrated that they were able to identify and respond to changing risks to patients who used the services, for example in medical emergencies or with sharps injuries. They said they have a sharps injury procedure to follow should one occur. Staff could alert clinical staff by using a panic alarm and they had access to emergency equipment. Staff told us that they could seek support from senior staff in these situations.

Arrangements to deal with emergencies and major incidents

Potential risks to the practice were anticipated and planned for in advance. There were effective business continuity plans in place to deal with emergencies that might interrupt the smooth running of the service such as power cuts, loss of telephone system and adverse weather. Staff were able to describe the procedure of what they would do in the event that the telephone system went down.

The practice had a health and safety emergency evacuation procedure in place. Staff talked confidently about what to do in the event of an emergency. We found all staff were trained in Cardio Pulmonary Resuscitation (CPR) which included Automated External Defibrillator (AED) and anaphylaxis to support patients who had an emergency care need. Emergency equipment was checked and available for staff to access in an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patient's needs were assessed and care and treatment considered, in line with current legislation, standards and evidence-based guidance. We spoke with the GP who told us that they used relevant and current evidence-based guidance such as the National Institute for Health and Care Excellence (NICE) guidelines and used the CCG best practice guidelines to develop service, care and treatment delivery.

People had their needs assessed and their care planned and considered in line with evidence-based guidance, standards and best practice this included when patients were referred to other services such as physiotherapy. The practice monitored this through an electronic computer system.

Management, monitoring and improving outcomes for people

Information about the outcomes of patients' care and treatment were routinely collected by the practice. The GP and practice manager told us that this was done through audits, patient survey, patient participation group (PPG), NHS Choices website and the GP survey. We saw that action plans were in place to monitor the outcomes and the action taken as a result to make improvements. Staff were involved in activities to monitor and improve patients' outcomes. The practice nurse was the diabetes lead and discussed activities to monitor and improve people's outcomes with the GP.

The practice participated in applicable local audits, such as the Implanon audit which formed part of the GPs appraisal process. The audit involved 30 patients and the findings were discussed at the clinical meeting and improvements made.

The practice used the information they collected for the QOF and their performance against national screening programmes to monitor outcomes for patients. QOF was used to monitor the quality of services provided.

Effective staffing

Staff had the skills, knowledge, qualifications and experience to deliver effective care and treatment. Staff received appropriate training to meet their learning needs and to cover the scope of their work. We were able to review staff training records and we saw that this covered a wide range of topics such as equality and diversity, health and safety and infection control. The practice ensured all staff could readily update both mandatory and non-mandatory training and this was provided through e-learning and face to face training. Newly employed staff were supported in the first few weeks of working in the practice. An induction programme included time to read the practice's policies and procedures. Staff managed their own training on 'Connect' and they had protected learning time for training.

The learning needs of staff were identified and discussed in their appraisals. We viewed staff appraisals and saw evidence of this. Their appraisals were undertaken annually and these were retained on 'Connect'. We looked at 3 staff appraisals and saw that they were given the opportunity to comment on their progress and training needs for the future. Clinical staff told us they had dedicated supervisions and they received an appraisal with an appropriate clinical peer. The practice nurse was supported to maintain their record of Continuing Professional Development (CPD). The locum and GP told us that they were up to date with their revalidations.

Staff told us that they felt they had opportunities to develop and were able to take study leave to attend courses. We spoke with reception staff who told us that they were encouraged and supported to develop in their roles and had undertaken additional training such as customer services and National Vocational (NVQ) qualifications. One member of staff told us how they had been supported to develop from a receptionist role to a healthcare assistant.

There were arrangements in place for supporting and managing staff to deliver effective care and treatment. Reception staff had monthly team meetings with the practice manager where they could openly raise any concerns or issues. They felt supported and happy to have a group discussion.

Working with colleagues and other services

Staff and services worked together to deliver effective care and treatment. The practice regularly worked with other health and social care providers and professional bodies to co-ordinate care to meet patient's needs. These included the GP attending CCG and educational meetings.

Good

Are services effective?

(for example, treatment is effective)

The GP worked with a local nursing home and did a weekly ward round to the practices patients. The practice was proactively involved in assessing, planning and delivering people's care and treatment. As a result, all of the patients had a care plan which was kept in the patient's record on Systmone

The practice had access to a community matron support. . The practice worked closely with the matron to identify patients who needed a referral to Chronic Obstructive Pulmonary Disease (COPD) services and this ensured patients were seen by the right person in a timely way.

Care at the practice was delivered in a coordinated way during out-of-hours care. The practice was supported with the out of hour's provision from Leeds out-of-hours service. This assisted with patients who could not access appointments during usual surgery hours to obtain GP treatment. Following the patient use of the service the GP's at the practice reviewed any correspondence from the Ooh's service. This ensured the practice was aware of any treatment that had taken place and could provide follow up care if needed.

Staff worked together to assess and plan ongoing care and treatment in a timely way when patients were discharged from hospital. The GP told us that they reviewed the discharge summary and would review medications where appropriate. We spoke with the practice manager who told us that discharge letters were scanned on to the patient's record.

The practice had systems in place for managing blood results and recording information from other health care providers including discharge letters. The GP viewed all of the blood results and took action where needed.

Information Sharing

Staff have all the information they need to deliver effective care and treatment to patients who used the practice. All patient information was recorded on an electronic system for staff to access. System 1 colour codes staff rota's, staff can view patient appointments by day, week or staff member, move whole rota's from one clinician to another, automatically record patients that do not attend (DNAs). This ensured all the information needed to plan and deliver care and treatment was shared appropriately and available to relevant staff in a timely and accessible way..

The practice also used an electronic system 'Connect' which recorded and monitored information around areas such as health and safety, learning and development, recruitment, incidents, complaints, medicines management, risk assessments, prescribing and policies. All staff had access to this system.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff were knowledgeable about how to ensure patients were involved in making decisions and the requirements of the Mental Capacity Act 2005 and the Children's Act 1989 and 2004. Staff recorded that they have read the guidelines on 'Connect'. We found that GPs understood how to use capacity assessments and competency assessments of children and young people, which check whether children and young people have the maturity to make decisions about their treatment.

The practice manager told us that staff had undertaken consent training.

The practice had an effective consent policy available to assist all staff and this contained relevant consent forms for use, along with information for patients. Staff we spoke with told us they would ask the patient or their relative to consent to care. People we spoke with confirmed they had been involved and supported in decisions about their care and treatment. They told us their treatment had been fully explained to them and they understood the information given to them. This demonstrated commitment in how they supported patients to make informed choices about their care and treatment.

Health Promotion & Prevention

Patients were supported to live healthier lives. New patients at the practice were given an appointment at registration, which was used as an opportunity to identify potential risks to the patient's health. Patients' individual needs were assessed and access to support and treatment was available as soon as possible.

QOF information showed the practice performed well regarding health promotion and ill health prevention initiatives. For example, the practice had regular

Good

Are services effective?

(for example, treatment is effective)

multidisciplinary case review meetings where all patients on the palliative care register were discussed, a register of all patients in need of palliative care/support and in providing flu vaccinations.

The practice offered national screening programmes, such as bowel and cervical screening, vaccination programmes, long term condition reviews and provided health promotion information to patients. They provided information to patients via their website and in leaflets in the waiting area about the services available.

The GP was able to tell us how they managed the care of patients with long-term conditions; what these were; and the action taken to regularly review their needs. They said patients care plans were reviewed every 3 months by the clinical team. We saw that this knowledge of patients' needs led to targeted services being in place such as the running of diabetic, heart disease and COPD clinics.

The practice also provided patients with information about other health and social care services such as carers' support. We saw a range of informative posters and leaflets in the practice and on the practice website. Staff we spoke with were knowledgeable about other services and how to access them.

We found the staff proactively gathered information on the types of needs their patients had and staff understood the number and prevalence of different health conditions being managed by the practice. Patients who may be in need of extra support were identified at the practice, for example patients receiving

end of life care were placed on the palliative care register. The practice involved a hospice and a nurse spoke with the patients every two – three months and the GP discussed the care needed at clinical meetings.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Patients at the practice told us they were treated with kindness, dignity, respect and compassion whilst they received care and treatment. They told us they were able to have confidential discussions with staff at reception and there was a room available to talk with staff in private should they choose to.

Staff we spoke with were able to provide us with examples of the steps they needed to take to protect patient's dignity, such as using a consulting room should patients wish to speak in private with a member of staff and asking patients to wait in the waiting area if there was queue so they could maintain patient confidentiality. Staff also provided us with examples of how privacy and dignity was always respected during physical or intimate examinations. They said they would ensure the door was locked, use the dignity curtain and offer a sheet for patients to cover themselves.

They said that they had access to language line should they need it. During our observations of the reception area we saw staff treated patients with dignity and respect and ensured conversations were conducted in a confidential manner.

The practice had a chaperone procedure in place to support patients. There were signs prominently displayed in the reception and waiting room explaining that patients could ask for a chaperone during examinations if they wanted one. The healthcare assistant and a member of the reception team had received chaperone training.

Care planning and involvement in decisions about care and treatment

Patients who used the practice and those close to them were routinely involved in planning and making decisions about their care and treatment. One patient explained that the doctor made a drawing of a detailed respiratory system to explain a condition to them and their relative. They spoke highly of the interaction and the confidence it gave them in the GP and their patient satisfaction. We spoke with the GP who said that every consultation was individualised to each patient and they always encouraged family involvement. The nurse explained that they provided written information of what the patient can expect from the surgery and equally how the patient could be involved.

We found that staff communicated with people so that they understood their care, treatment or condition. Patients we spoke with told us they understood their treatment and options were discussed during their consultation.

Staff recognised when patients who used the practice and those close to them need additional support to help them understand or be involved in their care and treatment, and enable them to access this. Staff had access to language line interpreters.

Patient/carer support to cope emotionally with care and treatment

Patients who used the practice and those close to them told us they received appropriate and timely support they needed to cope emotionally with their care and treatment. They said that they had been signposted to the relevant services to meet their needs.

Staff we spoke with had an understanding of the impact that a patient's care, treatment or condition would have on their wellbeing and on those close to them, both emotionally and socially. They said there were various support mechanisms in place to ensure patients were supported, such as bereavement signposting and support and counselling services.

QOF information showed the practice performed well regarding comprehensive care planning documented in records between patients and involving family members or carers where appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Care and treatment was planned and delivered to meet the needs of patients. Patients we spoke with told us that the practice was providing a service that met their needs. The practice regularly sought the views of patients through the patient suggestion box, patient survey and the PPG which enabled patients to voice their concerns and needs. The PPG consisted of 11 members; ranging from ages 26 to 77. These included patients with long term chronic disease conditions, housebound and mixed sexes. We spoke with one member of the PPG who told us that they were involved and engaged in the decision making of the practice. For example, the practice had introduced signage to encourage patients not to use the '999' service unless it was an emergency.

The services provided at the practice reflected the needs of the population served and they ensured

flexibility, choice and continuity of care. This included longer appointments for those that needed them, for example staff would advise patients who had long-term conditions when they booked an appointment, if they needed more time to talk with the GP, they were asked if they could make a double appointment. We saw the level of dedication staff showed to patients. For example staff told us that they supported patients who had vision impairment by ensuring they were directed to the correct room or assisted crossing the road.

The practice provided services which were planned, delivered and coordinated to take account of patients with complex needs, for example those living with dementia, or those with a learning disability. The practice manager explained that they involved other agencies to support people with dementia. Older people were also supported and had a named GP to assist with care planning.

The Practice Radshan House was based in an old building. We conducted a full tour of the premises and found they were visibly clean and tidy. We found the premises to appear tired in terms of décor, carpeting and accessibility. Patients with mobility difficulties had access via the back of the practice which was next to a building which had been condemned. The practice manager told us t they were planning to improve access to patients.

Tackling inequity and promoting equality

Services at the practice were planned and delivered to take in to account of the needs of different people. The practice had made reasonable adjustments with the facilities they had so that people with mobility difficulties and people with push chairs could access and use services on an equal basis to others. There was a ramp at the back of the practice for wheelchair access. The practice manager said they were in negotiations with the landlord to improve access for patients with mobility difficulties.

The practice had a register of patients who were in vulnerable circumstances. The staff said they were able to engage with patients as it was a small practice and they had good relationships with people. The practice referred patients to Leeds Lets Change service which offered support with drug/alcohol misuse and mental health or to a local practice which offered weight management services.

Access to the service

Patients could access care and treatment at the practice in a timely way. The practice had proactively managed the appointment booking system. The GP patient survey results published in 2013 stated the practice was found overall to be among the best nationally. We saw that 100% of patients found it easy to make an appointment, 92.2% for opening hours and 91.7% of patients rated the practice as good/very good, 92.2% patients experience of making an appointment as good or very good.

A range of appointments were available for patients, including telephone consultation with a GP where appropriate, urgent appointments on the same day and home visits. The practice supported patients to access appointments by offering a range of mediums, such as booking on-line, telephoning the surgery or attending in person. The practice also offered home visits for patients who were unable to attend the practice. Out of hours services for the practice were directed from the practice to Leeds out of hour's service. Patients spoke very positively about the appointment system and told us it was meeting their needs.

Efforts were made to enable patients to access care and treatment at a time to suit them. The practice was open

Good

Are services responsive to people's needs?

(for example, to feedback?)

Monday to Friday 8:00 am to 6:00 pm. They also had extended hours until 7.00 pm on a Monday. As far as possible, people could access care and treatment at a time to suit them.

Staff we spoke with said that services generally run on time, and patients were kept informed about any disruption.

We looked at the patient comments and feedback on the NHS Choices website. There was one positive comment made since April 2013, they said they were perfectly satisfied with the practice; they could always get and appointment and the reception staff were always helpful.

Listening and learning from concerns & complaints

Patient's concerns and complaints were listened to and responded to and used to improve the quality of care at the practice. The practice had a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

We reviewed a record of complaints for the practice and saw that there were good systems in place for reporting and receiving complaints. The outcomes of complaints, actions required and lessons learned were shared with the staff during their team meetings. The outcomes and any areas for improvement were also discussed at the PPG. However we saw that some complaints should have been documented as significant events.

The complaints procedure was available to patients in the practice booklet. The patients we spoke with were happy with the care they received at the practice and they knew how to make a complaint should they need to.

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

There were mixed messages from staff we spoke with about the vision and set of values, vision and strategy to deliver high quality care and good outcomes for patients. The GP and practice manager were able to sign post us to the practices website for the vision and values. We found the Practice PLC had outlined their values on the website which incorporated areas such as; to make patients feel comfortable and cared for, patients are at the heart of what we do, encourage innovative thinking. The majority of staff we spoke with were unaware of the strategy. However, they had a thorough understanding of their role in achieving a patient focussed service.

The practice had monthly staff meetings. Staff told us this helped them keep up to date with new developments and concerns. It also gave them an opportunity to make suggestions and provide feedback to management. Staff told us they were committed to providing a good service for patients and they were enthusiastic about their contribution.

Governance Arrangements

The practice had an effective governance framework to support the delivery of the strategy and good

quality care to patients. There was an electronic system 'Connect' which recorded governance and enabled the practice to monitor risks and improve performance. The practice manager took an active leadership role in overseeing that the systems in place were consistently being used and were effective.

Clinical and internal audit were used to monitor quality and systems to identify where action should be taken. For example prescriptions were audited every 6 months. They also undertook audits in osteoporosis, contraceptive implants, antibiotics and medications. The results were discussed at the clinical meetings where areas for improvement were identified.

There was a clinical governance and quality assurance policy in place. This clearly outlined staffs roles and responsibilities in supporting and upholding the aims of the policy and improving patient care. The practice manager, GP and staff we spoke with were very clear on their roles and responsibilities. Staff were also clear about their roles and they understood what they are accountable for. We found that the team were allocated lead roles, for example the healthcare assistant was the lead for infection control and the GP was the lead for safeguarding.

Leadership, openness and transparency

Leaders at the practice were visible and approachable, encouraged openness and transparency and

promoted good quality care. Staff we spoke with confirmed that the managers were approachable and they had a good working relationship with them. They said they were able to discuss any concerns or issues with the management team. The practice manager said their door was always open to staff and they could have discussions in private or staff could speak with someone from head office should they choose. Staff told us they felt supported, respected and valued as a team member by the management team at the practice.

The culture of the practice was centred on the needs and experience of people who used the services. Staff told us that they always focussed on the patient's needs. The practice actively sought the views of the patients through the PPG, patient survey and the patient comments box. As a result of patient feedback the practice always ensured that there was a female GP available to patients should they choose.

The culture encouraged candour, openness and honesty, with regular meetings and a culture of challenge and debate. All staff attended staff meetings and they told us that they were encouraged to voice their opinions and felt listened to. The minutes of the meetings reviewed showed that they regularly attended staff meetings and these provided them with the opportunity to discuss the service being delivered.

Staff safety and wellbeing was a priority for the practice, including monitoring of hours worked by staff to ensure it was not excessive. Staff had regular Visual Display Units (VDU assessments) and there was a lone worker policy in place to ensure the safety of staff. Staff could be referred to occupational health if needed. Staff we spoke with told us that their wellbeing was good and they were looked after by the management team and they supported each other as a team.

Practice seeks and acts on feedback from users, public and staff

Are services well-led?

Good

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

Patient's and staffs views and experiences were gathered and acted on to shape and improve the

services and the culture of the practice. The practice had a PPG which contributed to decisions for improving services. The practice manager said they actively encouraged the PPG to be involved in decision making. For example, the practice introduced signage requesting patients to help save money by minimising the use of ambulances and only using them in the event of an emergency. We saw that there were signs in the waiting area advertising this. The practice had conducted a patient survey, we saw that an action plan was in place and improvements had been made as a result.

We received five completed Care Quality Commission (CQC) comment cards. The patients were complimentary about the care provided by the clinical staff and the overall friendliness and behaviour

of staff.

Staff were very engaged with and committed to the practice and its patients. They spoke passionately about their roles and the patients and how they were supported to give patients the best care possible

Each person we spoke with felt they had a voice and the practice was interested in creating a learning and

supportive working environment.

Staff understood the value of raising concerns and they were able to raise these with the practice manager or through head office. They felt that they would be listened to and action taken where appropriate.

Management lead through learning & improvement

The practice used information to continuously improve the quality of services. Staff were able to take time out to work together to resolve problems and information which was used to proactively to improve the quality of services. The healthcare assistant and the practice nurse met weekly to discuss and resolve any issues. They said that it led to improving the service in different ways, for example improving and introducing new systems.

The staff we spoke with told us they felt supported to complete training and could request any additional training which may assist with their role. For example, the practice nurse was due to attend dementia training to enable them to support patients. We saw that an induction programme was completed by new staff and that the majority of staff had completed mandatory training. The mandatory training for all staff included; fire safety awareness, information governance, safeguarding vulnerable adults and children and equality and diversity. The practice had clear expectations around refresher training and this was completed in line with national expectations. The practice held a record of all training undertaken and details of when refresher training would be required. Staff told us that the training they received helped to improve outcomes for the patients.