The Practice Lincoln Green

Quality Report

Burmantofts Health Centre
Lincoln Green
Leeds
LS9 7TA
Tel: 0113 2211900
Website: www.thepracticelincolngreen.nhs.uk

Date of inspection visit: 19 November 2015
Date of publication: 17/03/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Practice Lincoln Green on 19 November 2015. Overall the practice is rated as good for providing safe, effective, caring and well-led care for the population groups it serves. However, we found the practice rated as outstanding for the responsive care of people with long term conditions and those experiencing poor mental health (including dementia).

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

- Patients' needs were assessed and staff had the skills, knowledge and experience to deliver effective care and treatment in line with current evidence based guidance
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- National survey patient responses said they sometimes found it difficult to make an appointment. However, a practice based survey showed more positive results. Urgent appointments were available for the same day as requested.
- Risks to patients' health and safety were assessed and well managed. There were effective safeguarding processes in place.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice:

Summary of findings

- Members of the nursing team provided mindfulness and guided meditation sessions for patients; particularly those who had a mental health related issue or multiple long term conditions.
- 100% of patients with dementia and 98% of patients with poor mental health had received a comprehensive review and documented care plan in the last twelve months. These were higher than the CCG averages of 88% for both.
- There was a proactive approach to the education of patients, especially those who attended accident and emergency (A&E) inappropriately. The practice could evidence a reduction in A&E attendances over the past 12 months.
- Educational workshops were provided for patients who had a diagnosis of diabetes to improve their understanding and self-management. The practice also delivered educational sessions in a local primary school and supermarket.
- One of the practice nurses had co-founded the Leeds Respiratory Network Group. The network provided education, support, forum, website and blog for a range of health professionals.

However, there was an area where the practice should improve:

- To maintain an accurate record of what medicines are stored in the GPs' bags.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events and an identified person who processed the information.
- There was a nominated lead for infection prevention and control and risks to patients in relation to health and safety matters were assessed and well managed.
- There was a nominated lead for safeguarding children and 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. However, there was not an accurate record kept of what medicines were stored in the GPs' bag. We were reassured the practice would take measures to rectify this.
- Lessons were shared with staff to ensure action was taken to improve and maintain safety in the practice.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable for the locality
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams, such as social services and health visitors, to understand and meet the range and complexity of people's needs.
- There was a proactive approach to the education of patients, especially those who attended accident and emergency (A&E) inappropriately. The practice could evidence a 12% reduction (which equated to 189 patients) in A&E attendances over the past 12 months. Educational workshops were also delivered for patients who had a diagnosis of diabetes to improve their understanding and self-management.

Summary of findings

- The practice had successfully reduced the number of patients who did not attend (DNA) by review and auditing demand and capacity of appointments. They also sent text messages to patients reminding them of their appointment.

Are services caring?

Good 

The practice is rated as good for providing caring services.

- National GP patient survey data showed that patients rated the practice higher than others for several aspects of care.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness, respect and maintained confidentiality.

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds South and East Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice worked with five other local practices to improve service delivery.
- The practice had developed good links with the local school and the community. They delivered sessions to educate people of appropriate use of health services, provided health promotion advice and signposted to other avenues of support.
- National survey patient responses said they sometimes found it difficult to make an appointment. However, a practice based survey showed more positive results. Urgent appointments were available for the same day as requested.
- There was a proactive approach to the education of patients, especially those who attended accident and emergency (A&E) inappropriately. The practice could evidence a reduction in A&E attendances over the past 12 months. Educational workshops were also delivered for patients who had a diagnosis of diabetes to improve their understanding and self-management.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system and evidence showed the practice responded quickly to issues raised. Learning was shared with staff.

Summary of findings

- The practice had developed a 'task group' to ensure all at risk or vulnerable children and adults were identified; including those patients who had mental health issues or dementia.

Are services well-led?

Good

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

- It had 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.
- 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.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of surveys, the NHS Friends and Family Test and the patient reference group.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice provided proactive, responsive and personalised care to meet the needs of the older people in its population. Home visits and urgent appointments were available for those patients with enhanced needs.
- The practice worked closely with other health and social care professionals, such as the district nursing team and community matron, to ensure housebound patients received the care they needed.
- The practice also worked with local community groups, such as Richmond Hill Elderly Action (RHEA); which was an independent charity who supported people aged 55 and over, especially those who felt isolated or lonely.

People with long term conditions

Good

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

- Longer appointments and home visits were available when needed.
- The GP and nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. All patients had a named GP and a structured annual review to check that their health and medicine needs were being met
- The House of Care model was used with all patients who had diabetes and respiratory disorders. This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. Individualised care plans for these patients were maintained, which included how to manage an exacerbation and any anticipatory medication which may be required.
- The practice had a health care coordinator who ensured all patients who were over the age of 65 and had multiple long term conditions, had a personalised care plan in place and were reviewed appropriately. Some of these patients were visited at home and signposted to other services as appropriate.
- Patients who had multiple long term conditions could access mindfulness and guided meditation sessions, which were provided by some members of the nursing team.

Summary of findings

- Educational workshops were delivered for patients who had a diagnosis of diabetes to improve their understanding and self-management.
- One of the practice nurses had co-founded the Leeds Respiratory Network Group. The network provided education, support and a forum for a range of professionals.They had also developed a website and a blog, which was available to other health care professionals.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- All children who required an urgent appointment were seen on the same day as requested
- Childhood immunisation and cervical screening uptake rates were comparable to other practices in the locality.
- Pre and post-natal care was provided by the GP, in conjunction with the midwifery and health visiting teams.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure they were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered earlier and late evening appointments as needed. They also offered appointments on Saturdays between 10am and 2pm.

Summary of findings

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 and those who had a learning disability.
- Longer appointments were available for patients as needed.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. Information was provided on how to access various support groups and voluntary organisations.
- The practice had good links with a local housing office and would identify patients most at need or vulnerable. Named housing officers were also identified on individual patient care plans to ensure cohesive communication.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Outstanding

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

- Annual health checks and individualised care plans were offered for these patients. Data showed 100% of patients with dementia and 98% of patients with poor mental health had received a comprehensive review and documented care plan in the last twelve months. These were both higher than the CCG averages of 88% for both.
- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice had developed a 'task group' to ensure all at risk or vulnerable children and adults were identified; including patients who had mental health issues or dementia. This enabled staff to ensure reviews and follow-ups were conducted

and sharing of information with other agencies was carried out to ensure support was given where needed. All identified patients were provided with a personalised care plan and a named health care coordinator.

- Patients who had a mental health related issue could access mindfulness and guided meditation sessions, which were provided by some members of the nursing team.

Summary of findings

What people who use the service say

The national GP patient survey results published 2 July 2015 showed The Practice Lincoln Green's performance was below average compared to other practices located within Leeds South and East Clinical Commissioning Group (CCG) and nationally. There were 392 survey forms distributed and 92 were returned. This was a response rate of 23%, which represented 2% of the practice population.

- 67% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 74%found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%
- 34% said they usually get to see or speak with their preferred GP compared to the CCG average of 56% and the national average of 60%
- 77% said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%
- 77% said the last appointment they got was convenient compared to the CCG average of 91% and the national average of 92%
- 64% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 38% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.
- 38% feel they didn't have to wait too long to be seen compared to the CCG average of 60% and the national average of 58%

The practice had undertaken their own survey which had evidenced a higher percentage of satisfaction rates than the national survey. The practice had also involved the patient reference group in addressing how improvements to access could be made. It was acknowledged that the introduction of the advanced nurse practitioner (ANP) as an alternative to a GP had impacted initially on patient satisfaction. The practice had provided information and some re-education of patients to support patient understanding of the role of the ANP.

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 14 comment cards, which were all very positive about the care and service they received. However, there were two negative comments which related to accessing the practice by telephone.

At the time of our inspection we were unable to speak with patients who were registered with the practice. This was due to there being a shared reception area with another practice, a walk in centre and other local community services. This made it difficult identifying patients who were registered with The Practice Lincoln Green.

Results from the latest NHS Friend and Family test showed 100% of respondents would be likely or extremely likely to recommend this practice.

Areas for improvement

Action the service SHOULD take to improve

- Maintain an accurate record of what medicines are stored in the GPs' bags.

Summary of findings

Outstanding practice

- Members of the nursing team provided mindfulness and guided meditation sessions for patients; particularly those who had a mental health related issue, long term condition or chronic pain.
- 100% of patients with dementia and 98% of patients with poor mental health had received a comprehensive review and documented care plan in the last twelve months. These were higher than the CCG averages of 88% for both.
- There was a proactive approach to the education of patients, especially those who attended accident and emergency (A&E) inappropriately. The practice could evidence a 12% reduction (which equated to 189 patients) in A&E attendances over the past 12 months.
- Educational workshops were provided for patients who had a diagnosis of diabetes to improve their understanding and self-management. The practice also delivered educational sessions in a local primary school and supermarket.
- One of the practice nurses had co-founded the Leeds Respiratory Network Group. The network provided education, support, forum, website and blog for a range of professionals.

The Practice Lincoln Green

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to The Practice Lincoln Green

The Practice Lincoln Green is located within a Leeds community health centre in an area of high socio-economic deprivation. They share the premises with another GP practice, a walk in centre and a range of community health services.

There is a higher than national average percentage of patients who have a longstanding health condition (63% compared to 54% nationally), claim disability allowance (60% compared to 50% nationally) or are unemployed (28% compared to 6% nationally). Their practice population consists of a higher than average proportion of patients who are 45 years and under. They also have a mixed ethnicity population with many patients being of Eastern European origin. The practice had also registered a large number of patients from a neighbouring practice which had recently closed. This had resulted in an immediate increase in the volume of work for the practice staff, particularly around disease management and diagnosis.

There are two GPs, one male and a female. In addition there is a female advanced nurse practitioner, two practice nurses and a healthcare assistant. The clinical team are supported by an experienced practice manager and administration/reception team.

The Practice Lincoln Green practice is open between 8am to 8pm on Monday and between 8am to 6.30pm on Tuesday, Thursday and Friday. Wednesday opening hours are 8am to 7pm. The practice also has extended hours on Saturday between 10am to 2pm. Out of hours care is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service.

The practice sits within Leeds South and East Clinical Commissioning Group and provides services for 3,570 patients under the terms of the locally agreed NHS Personal Medical Services (PMS) contract. They are registered with the Care Quality Commission (CQC) to provide the following regulated activities; maternity and midwifery services, surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services such as influenza, pneumococcal and childhood immunisations.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information and asked other organisations, such as NHS England and Leeds South and East CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2015). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 19 November 2015. During our visit we:

- Spoke with a range of staff, which included a GP, the practice manager, the advanced nurse practitioner, a practice nurse and two reception/administration staff.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how people were being treated and communicated with in the reception area.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system and policy in place for reporting and recording significant events. We were told:

- The practice manager was informed of any incidents and there was also a recording form available on the practice computer system, for staff to complete.
- An analysis of the significant events was carried out and actions identified as a result.
- Lessons were shared with staff to ensure the actions improved and maintained safety in the practice. For example, there had been an incident involving a verbally and physically aggressive patient towards a member of staff in the reception area. The police had been notified and the patient removed from the practice list and registered with a service who dealt specifically with violent patients. We saw a risk assessment of the reception area had been undertaken, which had resulted in some furniture being removed to make the area safer.

We reviewed incident reports, significant event records and minutes of meetings where these were discussed.

Overview of safety systems and processes

The practice had systems, processes and polices to keep patients and staff safe.

There were arrangements in place which reflected relevant legislation and local requirements to safeguard children and vulnerable adults from abuse. The safeguarding policies clearly outlined contact details for further guidance if staff had concerns about a patient's welfare. The GP and advanced nurse practitioner acted in the capacity of safeguarding leads and worked together to ensure safeguarding practices were embedded in the practice. They had both been trained to the appropriate level three. Staff had received training relevant to their role and could demonstrate their understanding and responsibilities in relation to safeguarding. The practice had developed a 'task group' to ensure all at risk or vulnerable children and adults were identified. Each 'task' had its own timeline and any actions were added to this with a date, such as if a patient was due for a weekly review. The task would turn red if it had gone past its due date and automatically flagged to the person assigned to that task, for example the GP or practice manager. The practice held monthly safeguarding meetings to review the tasks but would also have 'ad hoc' meetings as the need arose. In addition, named clinical staff attended all serious case review meetings which involved any of their patients.

The practice coded applicable patient records where female genital mutilation had taken place. Where there were young females in the family these were also raised as a potential safeguarding concern. These patients were also flagged in the 'task group'. The appropriate authorities were alerted in line with legislation. The practice could demonstrate good links with social services, the local safeguarding team and the police.

A notice was displayed in the waiting room, advising patients that a chaperone was available if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) It was recorded in the patient's records when a chaperone had been in attendance.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. There was a nominated lead for infection prevention and control (IPC) who kept up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

There were arrangements in place for safe management of medicines, including emergency drugs and vaccinations. However, there was not an accurate record kept of what medicines were in the GPs' bags. We were informed this would be addressed as a matter of priority. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Regular medication audits were carried out to ensure that all prescribing was in line with best practice guidelines for safe prescribing.

Good

Are services safe?

The practice worked closely with the CCG medicines management team to ensure there was appropriate prescribing, reduction in wastage and improved spending in relation to the prescribing budget. Education, discussion and home visiting was provided for those patients who were known to 'stockpile' medicines; particularly those who had a long term condition with multiple medications.

Patient Group Directions, in line with legislation, had been adopted by the practice to allow nurses to administer medicines. The practice also had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken, for example proof of identification, qualifications and references. We were informed the documents were scanned onto the computer system and forwarded to the corporate provider, where the records were stored. The practice manager had access to them via a secure online system.

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. The practice had up to date fire risk assessments and carried out regular fire drills. The practice policy was that fire alarms should be tested each week and we saw records to confirm this had occurred. All electrical and clinical equipment were checked to ensure they were in good working order and safe to use.

The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked flexibly to cover any changes in demand, for example annual leave, sickness or seasonal.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- A training matrix which showed all staff were up to date with fire risk and basic life support training.
- There was emergency equipment available, such as a defibrillator and oxygen, which had pads and masks suitable for both children and adults. Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to NICE guidelines and used this information to deliver care and treatment that met patients' needs. This was monitored through the use of risk assessments, audits and patient reviews.

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 92% of the total number of points available, with 6% exception reporting. The latest QOF data showed:

- The percentage of patients with diabetes who had a HbA1C result which was within normal parameters was 80%, compared to 73% locally and 78% nationally. (HbA1c is a blood test which can help to measure diabetes management.)
- The percentage of patients with diabetes who had received a foot examination and a risk classification for potential problems was 95%, compared to 88% both locally and nationally.
- The percentage of patients with hypertension who had a blood pressure reading which was within normal parameters was 86%, compared to 84% locally and 83% nationally.
- The percentage of patients with dementia and had received a face to face review of their care was 100%, compared to 88% locally and 84% nationally.

We saw evidence of clinical audits where improvements had been made. The practice also participated in local audits, for example antibiotic prescribing.

The practice provided educational workshops for patients who had a diagnosis of diabetes to improve their understanding. The House of Care model was discussed and how it could be used with patients to support and improve self-management. Patient feedback had been very positive and they had made suggestions for other topics to be included, for example dietary advice. All patients who were over the age of 65 and had multiple long term conditions, had a care plan in place and were reviewed appropriately.

There was a proactive approach to the education of patients, especially those who attended accident and emergency (A&E) inappropriately. A letter was sent to these patients explaining alternatives and advice on self-management of care. The practice also took into account the different cultures of their patients which could impact on how they accessed services. Clinicians also reviewed all A&E discharge summaries, followed patients up and gave support as needed. As a result, the practice could evidence a 12% reduction (which equated to 189 patients) in A&E attendances over the past 12 months

Effective staffing

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

- There was an induction programme for newly appointed non-clinical members of staff, which covered topics such as health and safety, infection prevention and control, fire safety, confidentiality and safeguarding.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they were supported by the practice to undertake any training and development as befits their role. We saw evidence that all staff were up to date with their annual appraisal and mandatory training. For example, safeguarding, fire safety and basic life support.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked 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.

Good

Are services effective?

(for example, treatment is effective)

This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

All patients who were over the age of 65 and had multiple long term conditions, had a care plan in place and were reviewed appropriately. The practice had a health care coordinator who visited patients at home to ensure their care was based on individual need and signposted patients to other services as appropriate.

The practice had good links with the local social services team, particularly regarding safeguarding and risks to vulnerable patients.

Consent to care and treatment

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

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. (This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.)

Health promotion and prevention

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

- in the last 12 months of their lives
- at risk of developing a long term condition
- requiring healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who act in the capacity of a carer and may require additional support

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Cervical screening was offered by the practice and their uptake was 82%, which aligned with the national average of 82%. The practice actively reminded patients who did not attend for their cervical screening test.

The practice carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged 24 months and under ranged from 94% to 100% and for five year olds they ranged from 86% to 100%.

The practice offered seasonal flu vaccinations for eligible patients. The uptake rate for patients aged 65 and over was 70%. Uptake for those patients who were in a defined clinical risk group was 56%. These were both comparable to the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.

The practice worked with local community groups, such as Richmond Hill Elderly Action (RHEA), which was an independent charity who supported people aged 55 and over, especially those who felt isolated or lonely. Patients would be signposted to other local agencies/groups where they could access support as needed.

The practice had developed good links with the local school and the community. They delivered sessions to educate people about appropriate use of health services, provide health promotion advice and signposted to other avenues of support. Health awareness sessions were held in the local primary school for parents and also one of the local supermarkets. The practice reported that feedback from these sessions had been positive.

Members of the nursing team provided mindfulness and guided meditation sessions for patients; particularly those who had a mental health related issue, multiple long term conditions or chronic pain. These were drop in sessions where patients could voluntarily attend or could be referred by other members of staff.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we observed that:

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

Patient feedback we received via CQC comment cards were positive about their experiences at the practice.

Results from the national GP patient survey showed respondents rated the practice lower than the local CCG and national averages to questions regarding how they were treated by the GPs, nurses and reception staff. For example:

- 81% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%
- 84% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%
- 88% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%
- 79% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%
- 67% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%
- 74% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%

We were informed by the practice there had been some issues in recruiting a GP, as a result they had employed an advanced nurse practitioner (ANP). The practice acknowledged it had taken some time for patients to accept seeing the ANP instead of the GP. Patient comments we received at the time of inspection were very positive about the ANP role.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed respondents rated the practice lower than the local CCG and national averages to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 79% 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%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

However, feedback we received on the comment cards told us patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during a consultation to make an informed decision about the choices available to them.

Staff told us translation and interpretation services were available for patients who did not have English as a first language. We saw leaflets and information in other languages were displayed in the patient waiting area.

Patient and carer support to cope emotionally with care and treatment

We saw there were various notices in the patient waiting area informing patients and carers how to access further support through several groups and organisations. The practice had a carers' register in place. Patients who acted in a capacity of a carer had an alert on their electronic record to notify clinicians.

We were informed that if a patient had experienced a recent bereavement, additional support was offered by the GP as needed.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds South and East CCG, to secure improvements to services where these were identified. For example:

- The practice had extended hours on Mondays, Wednesday and Saturdays for patients who found it difficult to attend during normal opening hours.
- There were longer appointments available for patients who had complex needs.
- Home visits were available for patients who could not physically access the practice.
- Same day appointments were available for children and patients who were of urgent need.
- There were disabled facilities, hearing loop and interpretation services available.
- All at risk or vulnerable children and adults, including patients who had mental health issues or dementia, had regular reviews and follow-ups.

There was a proactive approach to the education of patients, especially those who attended accident and emergency (A&E) inappropriately. A letter was sent to these patients explaining alternatives and advice on self-management of care. The practice also took into account the different cultures of their patients which could impact on how they accessed services. Clinicians also reviewed all A&E discharge summaries, followed patients up and gave support as needed. As a result, the practice could evidence a 12% reduction (which equated to 189 patients) in A&E attendances over the past 12 months.

The practice encouraged patients to register with the pharmacy first scheme being promoted in the local area. Patients who would be entitled to free prescriptions can obtain medications for common ailments, free of charge, from the pharmacy without the need for a GP consultation.

The practice had good links with a local housing office and would identify patients most at need or vulnerable. Named housing officers were also identified on individual patient care plans to ensure cohesive communication. Clinicians who attended home visits on these patients and identified any areas of need, could easily access the appropriate housing officer to alert them and signpost to other agencies as needed.

Access to the service

The practice was open between 8am to 8pm on Monday, between 8am to 6.30pm Tuesday, Thursday and Friday. Wednesday opening hours are 8am to 7pm. The practice also had extended hours on Saturday between 10am to 2pm. Urgent appointments were available for patients who were in need of them.

Results from the national GP patient survey showed that respondents' satisfaction with how they could access care and treatment was below the CCG and national averages. For example:

- 76% were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 67% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 64% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 38% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

The practice had acknowledged these results and had involved the patient reference group in addressing how improvements to access could be made.

The practice had successfully reduced, by 28% in the last 12 months, the number of patients who did not attend (DNA) for their appointment by reviewing and auditing the demand and capacity of appointments. They also sent text messages (with consent) to patients reminding them of their appointment and providing information on the impact on patients and services of 'wasted' appointments.

Listening and learning from concerns and complaints

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

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

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- There was a comprehensive record of all complaints, which detailed the source, a summary, date received, acknowledged and dealt with. It also identified whether other agencies were involved such as the CCG or General Medical Council (GMC).
- Actions were taken accordingly and learned was shared with staff.
- We discussed one of the complaints comprehensively with the practice manager and found it had been dealt with appropriately and in a timely manner.

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. There was a mission statement in place which identified the practice values. All the staff we spoke with knew and understood the practice vision and values.

Governance arrangements

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

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies in place, which were up to date and available to all staff.
- A comprehensive understanding of practice performance.
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements.
- Robust arrangements for identifying, recording and managing risks.
- Priority in providing high quality care.

Leadership, openness and transparency

We were informed there was an open and honest culture within the practice. Staff told us the GP and practice manager were visible, approachable and took the time to listen. Systems were in place to encourage and support staff to raise concerns and a 'no blame' culture was evident.

Regular meetings were held where staff had the opportunity to raise any issues, felt confident in doing so and were supported if they did. Staff said they felt respected, valued and appreciated. The practice could demonstrate a good ethos of working well together as a team. Staff were passionate about the care and service they provided to patients.

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

The practice had gathered feedback from patients through the patient reference group (PRG), patient surveys, the NHS Friend and Family Test, comments and complaints received.

The PRG was a virtual group who engaged with the practice on a regular basis, carried out patient surveys and made recommendations to improve the service and patient experience. For example, they had been involved in improving access and a review of Saturday openings.

The practice also gathered feedback from staff through meetings, discussion and the appraisal process. Staff told us they would not hesitate to raise any issues or concerns with colleagues, the GPs and management. We were informed they felt involved and engaged in the practice to improve service delivery and outcomes for patients.

Continuous Improvement

There was a strong focus on continuous learning and improvement at all levels. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example, one of the practice nurses had co-founded the Leeds Respiratory Network Group. The network provided education, support and a forum for a range of professionals, including school nurses and prison officers, relating to respiratory disorders. They had also developed a website and a blog, which was available to other health care professionals.