Drs Ross, Mason, Champaneri, Mason, Hardaker & Limaye

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ross and Partners (Pudsey Health Centre) 12 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP, although not necessarily the GP of their choice. Urgent appointments were available to pre-book or on the same day. Each day one GP on call was able to accommodate urgent and unexpected patient need, and to offer non urgent same day appointments.
- The practice had facilities which were appropriate to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management and the practice manager. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We identified one area of outstanding practice:

Summary of findings

- The practice had developed a 'dementia care pack' for patients diagnosed with dementia. This provided information relating to national and local support services for patients and their families and carers; as well as helpful information relating to the medical and social features of dementia.

There are areas where the provider should make improvement. The practice should:

- Develop a system to update patient records following all multidisciplinary meetings. During the inspection the practice told us they had plans in place to carry this out.
- Consider means of masking patient:clinician conversations being overheard from one of the clinical rooms.

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 an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages.
- 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 other health care professionals to assess need, plan care and deliver treatment plans to improve outcomes for patients with more complex needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients 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 that the waiting area contained a wide variety of patient information posters and leaflets to cover subjects relevant to all age groups.

Summary of findings

- We saw staff treated patients with kindness and respect, and in most cases maintained patient and information confidentiality. We observed patient:clinician conversations could be overheard in part of the waiting area from one of the treatment rooms. Following our feedback the practice undertook to review the situation in order to find means of masking these conversations.
- The practice had identified 123 of their patients (2% of the practice population) as unpaid carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Leeds West Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example they were contributing to a local obesity initiative which aimed to achieve consistency in recording of patients' body mass index (BMI) and offered tailored advice and support to help patients to lose weight when indicated. The practice worked closely with four local practices and was also looking at means of improving the lives of patients with chronic obstructive pulmonary disease (COPD), particularly where they were obese or acted in the role of unpaid carer. (COPD is the name for a collection of lung diseases which impair normal breathing).
- Patients said they found it easy to make an appointment with a GP, although not necessarily with the GP of their choice. The practice had a system of allocating an on call GP each day to accommodate urgent or unexpected patient need, and to offer less urgent same day appointments. In addition appointments could be booked up to four weeks in advance.
- The practice had facilities which were appropriate to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy which included to place the patient at the centre of the service and to treat patients with dignity and respect. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership structure and staff felt supported by the partners and practice manager. The practice had a number of policies and procedures to govern activity. Regular clinical and staff meetings were held.
- 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 notifiable safety incidents and alerts, and ensured this information was shared with relevant staff, and that appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group had been in place for ten years, and was active.
- We saw evidence that training, continuous learning and improvement was encouraged 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 offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified 2% of elderly and frail elderly patients who were at risk of unplanned hospital admission, and offered support and monitoring to this group of patients. The practice had employed a clinical care co-ordinator who oversaw this group of patients. Following hospital admission and discharge these patients were contacted, a care plan was issued, and patients were signposted to local services to try to reduce the chances of future admission to hospital.
- 74% of eligible women had received a breast screening examination in the preceding three years, which was higher than the CCG average of 69% and the national average of 72%.
- 59% of eligible patients had been screened for bowel cancer in the preceding 30 months which was in line with CCG and national averages of 58%.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 95% of patients with diabetes, on the register had received a flu vaccination in the preceding year compared to the national average of 94%.
- Patients identified as being at risk of developing diabetes (pre-diabetes) were provided with a 'diabetes pack' which enabled them to monitor their own lifestyle and family risk factors, and gave advice on healthy eating, exercise and other lifestyle factors to help reduce the risk of developing diabetes.
- The practice had purchased 150 blood pressure monitoring devices to enable patients to track their blood pressure recordings at home.

Summary of findings

- The practice was working with four local practices to improve outcomes for patients with chronic obstructive pulmonary disease (COPD) where they were obese or where they acted in the role of unpaid carer.
- Longer appointments and home visits were available when needed. Patients attending for review of their long term condition had 30 minute appointments, which included ten minutes with the health care assistant, practice nurse and GP respectively.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice had employed a pharmacist to support GPs in managing patients' medicine needs
- The practice participated in the 'House of Care' model which encouraged patients to set their lifestyle and health objectives when managing their diabetes.
- A number of other care planning templates were in use for other long term conditions, such as asthma and coronary heart disease

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 or who had a high number of failed appointments. Immunisation rates were relatively high for all standard childhood immunisations.
- Staff told us that children and young people were treated in an age-appropriate way and described examples to demonstrate this.
- The practice was open between 7am and 7pm to allow appointments to be made available outside of school hours and the premises were suitable for children and babies. The practice building provided good facilities for baby changing and breast feeding mothers.
- Staff provided examples to demonstrate how joint working with health visitors had been effective in sharing information and planning care for children with more complex needs.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 83% of eligible women had a cervical screening check recorded in the preceding five years compared to the national average of 82%.
- The practice was proactive in offering online services as well as a full range of health promotion and screening reflecting the needs of this age group.
- The practice provided data which indicated that 1435 patients (20 % of the patient population) had registered for online services.
- The practice used social media to engage with patients and the wider community, and provided free wi-fi on site to meet the needs of this group of patients.

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 had identified patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 2% of their patient population as unpaid carers, and offered additional support and signposting services to this group of people.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- 97% of patients with schizophrenia or other psychoses had completed a face to face review in the preceding 12 months compared to the national average of 89%.
- 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Staff had received 'dementia friendly' training.
- The practice had developed a' dementia care pack' which provided patients with crucial information relating to their condition and useful contact details of appropriate support agencies. This enabled patients and their carers to proactively plan and manage their condition.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients experiencing emotional difficulties could self refer to access support from the local 'Patient Empowerment Project' (PEP).

Summary of findings

What people who use the service say

The national GP patient survey results, published in July 2016 showed the practice was performing above local and national averages.There were 267 forms distributed and 122 were returned. This represented 46% of the surveyed population and 2% of the patient list as a whole.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%).
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were mostly all positive about the standard of care received. Comments gave examples of how 'excellent' care had been given over a sustained period of time, rather than a 'one off' experience. Staff in the main were referred to as being polite, helpful and approachable. A small number of cards described frustration with accessing appointments, or having to wait a period of time after their planned appointment time before being seen

We spoke with five patients during the inspection. All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. In the most recent Friends and Family Test (FFT) 95% of patients said they would recommend the practice to friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Develop a system to update patient records following all multidisciplinary meetings. During the inspection the practice told us they had plans in place to carry this out.
- Consider means of masking patient:clinician conversations being overheard from one of the clinical rooms.

Outstanding practice

- The practice had developed a 'dementia care pack' for patients diagnosed with dementia. This provided information relating to national and local support services for patients and their families and carers; as well as helpful information relating to the medical and social features of dementia.

Drs Ross, Mason, Champaneri, Mason, Hardaker & Limaye

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised a CQC Lead Inspector**,** a GP specialist adviser and an Expert by Experience. Experts by experience are independent individuals who have experience of using GP services as patients.

Background to Drs Ross, Mason, Champaneri, Mason, Hardaker & Limaye

Dr Ross and Partners (Pudsey Health Centre) is situated in Pudsey, Leeds LS28 7XP. Pudsey is a small town six miles to the west of Leeds city centre. There are currently 7304 patients on the practice list. The majority of their patient group is of white British origin. The practice provides Personal Medical Services (PMS) under a contract with NHS England. They offer a range of enhanced services such as childhood vaccinations and immunisations and minor surgery.

The practice has six GP partners, three of whom are women and three men. There are two female practice nurses and one female health care assistant (HCA). The clinical team is supported by a practice manager, assistant practice manager and a range of reception, secretarial and administrative staff.

The practice is a training practice, which means it provides training and support for qualified doctors wishing to specialise in general practice. At the time of our visit one male GP registrar was working at the practice.

The practice catchment area is classed as being within the group of the fifth least deprived areas in England.

The age/sex profile of the practice is in line with national averages. Average life expectancies for patients is 78 years for men and 82 years for women. (England average 79 years and 83 years respectively).

The practice is open between 7am and 7pm Monday to Friday.

Weekly clinics are held which include diabetic, asthma and kidney reviews; cervical smear clinics and childhood immunisation clinics.

The practice has limited parking spaces available on site, but a public car park adjacent to the practice provides parking facilities. The practice is accessible by public transport.

Out of hours care is provided by Local Care Direct which is accessed by calling the surgery telephone number or by calling the NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Leeds West Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided both before the day and on the day itself. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national GP patient survey and the NHS Friends and Family Test (FFT).

During our visit:

- We spoke with a range of staff including three GPs, one practice nurse, the health care assistant, practice manager, assistant practice manager and two receptionists.
- In addition we spoke with eight patients, including three members of the patient participation group (PPG).
- We observed communication and interaction between staff and patients, both face to face and on the telephone.
- We reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example when incorrect referral information had been included in a patient's notes, resulting in the patient attending the wrong service, the practice highlighted the need for vigilance and thorough checking in all cases. Additional support or training was provided to staff when appropriate to prevent recurrence of such events.
- The practice carried out a thorough analysis of the significant events. Learning was shared with staff at regular staff meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example a hospital discharge letter had been received which requested the GP to reduce the dosage of a particular medicine for the patient concerned. The appropriate medicine change had not been carried out in a timely way. As a result this was discussed at the weekly GP meeting and all GPs made aware of the need to carefully review hospital discharge letters and make any changes requested by hospital consultants.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff on the practice shared drive. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs liaised with the health visitor as appropriate and provided information for safeguarding meetings when required. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Nurses were trained to level two. Other staff were trained to level one.
- Notices in consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones had received bespoke training for the role, provided in- house by the lead GP.They had all received a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the recently appointed infection prevention and control (IPC) clinical lead . There was an IPC protocol in place and staff had received up to date training at their protected learning time events. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, toys which could not be appropriately cleaned, had been removed from consulting rooms, and sharps bins were closed in between use to prevent their contents being accidentally spilled.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice were appropriate (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had employed a pharmacist to support the GPs with medicine management initiatives. Blank prescriptions for printers were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to

allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. GPs had a 'buddy' system in place to cover during times of absence and each GP had an assigned administration 'buddy' to manage internal tasks, letters and other administrative matters. Administration staff were arranged into 'triangles' of roles and skills which meant that at least three staff were appropriately skilled to cover for all the necessary administrative roles.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the reception back office.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We saw that the emergency medicines and equipment were well organised and clearly labelled.There were regular checking procedures in place to ensure that all equipment was in good working order, and that medicine stocks were replenished when needed. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan (BCP) in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the BCP were held at home by the GP partners, practice manager and assistant practice manager.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with a 13% exception reporting rate. Exception reporting is the removal of patients from QOF calculations where, for example, patients are unable to attend for a review, or where certain medicines cannot be prescribed due to side effects. The practice's exception reporting rate was higher than the local average of 9%. The practice told us they were constantly reviewing their QOF achievement, and their exception reporting rate was affected in some cases as they chose not to recall patients for some checks if it was known not to be beneficial for the patient concerned, for example, routinely reviewing the blood pressure of a very elderly or infim patient.

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to CCG and national averages. For example 87% of patients with diabetes, on the register had a blood pressure reading recorded in the preceding 12 months which was within normal limits compared tothe CCG and national averages of 91%.
- Performance for mental health related indicators similar to similar to CCG and national averages. For example 100% of patients with schizophrenia or other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the CCG and national averages of 89% and 90% respectively.

  There was evidence of quality improvement including clinical audit.
- There had been several clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example the identification and treatment of patients with atrial fibrillation had been standardised and improved. Atrial fibrillation is a condition affecting the heart, characterised by an irregular and often very rapid heart rate.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. They benchmarked against local practices through the 'practice MOT' document which compared data such as accident and emergency attendance, referral rates and elective admissions across the practices in Leeds West CCG.
- Findings were used by the practice to improve services. For example, recent action taken in the local area included developing a shared pulmonary rehabilitation service for patients with chronic obstructive pulmonary disease (COPD). COPD covers a range of chronic lung disorders which are not reversible and interfere with normal breathing.
- The practice provided evidence which showed they had reduced their numbers of prescriptions for opiod drugs significantly, meaning the practice had achieved the top quartile rating within the local area. Opiods are drugs which act on the nervous system to relieve pain. Medium to long term use can lead to physical dependence and withdrawal symptoms.

Information about patients' outcomes was used to make improvements such as standardising the prescriptions of antibiotics, including choice of antibiotic, length of treatment course and the type of conditions for which antibiotic prescribing was appropriate.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at staff meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support and mentoring; informal clinical supervision and facilitation and support for revalidating GPs. Nursing staff held a weekly 'report' which enabled them to share examples of recent learning and discuss any ongoing issues or concerns identified as part of their work in the preceding week. Staff received quarterly one to ones.They had an annual appraisal and a six monthly appraisal review meeting. Before appraisals, staff completed a pre-appraisal self assessment document which enabled them to identify any specic areas of further development or learning, or highlight any individual concerns. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice shared information with out of hours services by providing information about patients approaching the end of life. Community nursing staff and palliative care nurses also contributed to the patient record and ensured that information was updated and reviewed when necessary.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis. District nurses were co-located in the same building which meant that 'ad hoc' informal liaison occured throughout the working week. At the time of our visit the practice were in the process of formalising their meetings with the community matron. Monthly meetings with the health visitor were held. Although minutes were taken of the health visitor meeting, at the time of our visit patient records were not routinely updated as a result of the discussion. The practice told us the GP involved in these meetings had plans in place to carry this out in future.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance such as Gillick Competency.These are used in medical law to decide whether a child is able to consent to his or her own medical treatment without the need for parental consent or knowledge.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored to ensure it met the practice's responsibilities within legislation, and followed national guidance. Consent

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation services were provided locally.
- Weight management and physical activity support was provided by the 'Leeds Let's Change' service which gave patients access to a personalised activity plan and dietary advice.
- Patients experiencing emotional difficulties were able to access the local 'patient empowerment project' (PEP). They were able to self refer to this service, or be referred by a clinician.
- Patients identified as being at risk of developing diabetes (pre-diabetes) were provided with a diabetes pack which enabled them to monitor their own lifestyle and family risk factors, and gave advice on healthy eating, exercise and other lifestyle factors to help reduce the risk of developing diabetes.
- The practice's uptake for the cervical screening programme was 83%, which was higher than the CCG average of 79% and the national average of 82%. A dedicated member of the administration team made contact with patients who had failed to attend for their appointment, and offered another appointment, encouraging them to attend. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We saw data which showed that 74% of eligible women had received a breast screening examination in the preceding three years, which was higher than the CCG average of 69% and the national average of 72%. In addition we saw that.59% of eligible patients had been screened for bowel cancer in the preceding 30 months which was in line with CCG and national average of 58%.

There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 98% to 100%. National averages are 96% and 92% respectively.

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

Good

Are services caring?

Our findings

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; in most cases conversations taking place in these rooms could not be overheard. During our visit we observed that conversations between patient and clinician in one of the treatment rooms could be overheard in one part of the waiting area. We fed this back to the practice, who undertook to looks at ways of masking these conversation.

Almost all of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with and in some cases higher than the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89 % and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%)

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

- Although the number of patients who did not have English as a first language was low, staff told us that telephone interpreter services were available if needed.
- Staff told us that when patients had visual impairment, an alert was placed on the patient record, and staff ensured that the person concerned was escorted and guided through the building as appropriate.
- The practice made use of a hearing loop for those patients with hearng difficulty.

Good

Are services caring?

- The practice had the facility to translate leaflets into different languages if necessary.
- The practice had developed a 'dementia care pack' for patients diagnosed with dementia. This provided information relating to national and local support services for patients and their families and carers; as well as helpful information relating to the medical and social features of dementia.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 123 patients as carers (2% of the practice list). Carers were offered an annual health check and a seasonal flu vaccination. Written information was available to direct carers to the various avenues of support available to them. 'Carers Leeds' was able to provide a sum of money to enable carers to fund a holiday as respite from their caring responsibilities, or to access other recreational or training facilities such as complementary therapies or driving lessons.

Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone and offered an appointment, or provided information on other support which was available, such as bereavement counselling.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was at the beginning of leading on a local project which was intended to improve the management of patients with obesity in general practice. Planned measures included routine recording and monitoring of the patient's body mass index (BMI), and providing meaningful and patient specific dietary advice.

- The practice was open between 7am and 7pm Monday to Friday
- Each day an on call GP was identified to accommodate urgent and unexpected patient need, and to offer non urgent same day appointments
- There were longer appointments available for patients with a learning disability or other patients with complex needs.
- Online services were available. We saw data which showed that 20% of patients had registered for online services.
- Home visits were available for housebound or very sick patients
- Patients were able to receive travel vaccinations available on the NHS.
- The practice was accessible by wheelchair users. A hearing loop was available and telephone interpreter services were used when needed.
- The practice building offered a private room for breastfeeding mothers, and baby changing facilities.
- The practice had a profile on social media, and free wi fi was available in the practice.

Access to the service

The practice was open between 7am and 7pm Monday to Friday. Appointments could be booked up to four weeks in advance for the GP or six weeks for the practice nurse. A number of urgent and non urgent appointments were also available each day.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and national average of 73%.

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

Listening and learning from concerns and complaints

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

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

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, where concerns had been raised about the standard of care received by a clinician, the individual concerned received additional coaching on consultation and communication skills, to improve the standard of care received by patients.

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 place patients at the centre of the service and to treat patients with dignity and respect.

- The practice vision was displayed in the waiting areas and consultation rooms. Staff we spoke with knew and understood the values.
- Staff photos were displayed in the waiting area of the practice, detailing their role within the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had developed several protocols and policies which supported the delivery of the strategy and good quality care. These outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and management team in the practice. Staff told us they felt able to raise issues at staff meetings or informally.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been in existence for ten years; met regularly and submitted proposals for improvements to the practice management team. For example, as a result of a PPG suggestion the practice enabled patients to receive appointment reminders by text message, and they were also able to cancel their appointment in this way.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would feel able to give feedback and discuss any concerns or issues with management. They told us they felt involved in how the practice was run.

Continuous improvement

Are services well-led?

Good

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example they were working with their locality group of five local practices looking at local priority areas for improvement. These included services for COPD patients, management of obesity and improving identification and support of carers.