

Manston Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manston Surgery on 27 April 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. However; documented learning from incidents was limited.
- There were issues identified in the dispensary at the branch site. For example; staff did not keep a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary), standard Operating Procedures only covered basic aspects of the dispensing process and were limited in scope and detail and staff did not routinely check stock medicines were within expiry dates.

- The staff we spoke with told us that regular checks were carried out to ensure the oxygen and defibrillator had been carried out. However, saw there was no formal record documenting these checks.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

- Ensure dispensing standard operating procedures are fit for purpose and cover all required processes.
- Ensure there is a system in place for identifying and sharing learning from medicines management incidents.
- Ensure that there are documented checks and records relating to medicines management to ensure the quality and safety of services

The area where the provider should make improvement are:

- Manage controlled drugs in accordance with the relevant legislation

Keep a documented record of when checks are carried out on the oxygen and defibrillator.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events within the general practice location. However; documented learning from incidents was limited.
- When we visited the dispensary at the branch site we saw that staff did not keep a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary).
- 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
- There were nominated leads for safeguarding children and adults and processes in place to keep patients and staff safeguarded from abuse. The GPs and nurse at the practice had received level three training.
- We saw posters displaying safeguarding information and contact details, in the consulting and treatment rooms.
- The practice was clean and regular infection prevention and control (IPC) audits were carried out.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose. However there was no formal record of checks carried out on the oxygen or defibrillator.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- 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 understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- The practice had a patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.
- Patients we spoke with and the majority of comments we received were positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. However two of the comment cards also contained negative feedback regarding attitude of staff.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked with Leeds South and East Clinical Commissioning Group (CCG) and other local practices to review the needs of their patient population.
- National GP patient survey responses and the majority of comments made by patients said they found it easy to make an appointment.
- All urgent care patients were seen on the same day as requested.
- The practice provided extended hours from 8am until 11am on Saturday mornings. In addition the practice also provided services from 11am until 3pm during winter months.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff. Learning from complaints also shared with other stakeholders.

Summary of findings

- The practice took account of the needs and preferences of patients with life-limiting progressive conditions such as cancer and people with dementia.
- The practice participated in the 'Avoiding Unplanned Admissions' (AUA) scheme which helped reduce avoidable unplanned admissions for vulnerable patients who were at high risk of hospital admission.
- The practice hosted a lifestyle trainer who attended on a weekly basis to provide patients with motivational support relating to smoking cessation, alcohol and exercise.
- The practice was participating in the 'Year of Care' programme. This approach encouraged patients to understand their condition and have a more active part in determining their own care and support needs in partnership with clinicians.
- Due to a higher than average elderly population at the branch site, the practice hand delivered medication as and when required.
- The practice offered a number of services that could be provided in the homes of elderly housebound patients. These included home based phlebotomy and health care assistant health checks and long term conditions management by the practice nurse.
- The practice participated in the winter pressures scheme and provided additional appointments from 11am until 3pm during the winter months.
- Spirometry screening was available for all smokers with the aim of early diagnosis of COPD. COPD is a name for a collection of lung diseases which cause difficulty breathing.

The practice nurse ran a smoking cessation service for patients to access.

Are services well-led?

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

- The practice 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 it.
- 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.

Good



Summary of findings

- 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 ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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 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 was participating in a scheme which helped reduce avoidable unplanned admissions for vulnerable patients, at high risk of hospital admission. Dedicated GP led clinics were held to review these patients.
- Patients were signposted to other services for access to additional support, particularly for those who were isolated or lonely.
- The practice conducted a full review of all nursing home patients as part of the extended nursing home scheme, ensuring effective working relationships with local residential and nursing homes.
- The practice nurses and health care assistants worked with the district nursing team to provide influenza vaccinations for all eligible patients, including housebound and care home patients.
- The practice offered home based phlebotomy and health care assistant checks for elderly housebound patients.

People with long term conditions

Good



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

- All these patients had a structured review to check that their health and medicines needs were being met. This review was undertaken on an annual basis or more often when required.
- The practice nurses had lead roles in the management of long term conditions.
- The practice worked closely with other services in the management of housebound patients who had complex long term conditions, to ensure they received the care and support they needed. For example; the community matron, heart failure and respiratory nurses.

Summary of findings

- The practice was participating in the 'Year of Care' programme. This approach encouraged patients to understand their condition and have a more active part in determining their own care and support needs in partnership with clinicians.
- The practice offered spirometry screening for all smokers with the aim of early diagnosis of Chronic Obstructive Pulmonary Disease (COPD).
- The practice were involved in the winter pressures scheme and reviewed all patients with a long term condition within three days, following non elective discharge from hospital.
- 95% of patients with diabetes, on the register, had a record of a foot examination and risk classification; which was higher than the CCG average 88% and England average 88%.
- 100% of patient with diabetes, on the register, had received an influenza immunisation in the preceding seven months; which was higher than the CCG average 96% and England average 94%.
- 87% of patients diagnosed with asthma had received an asthma review in the last 12 months; which was higher than the CCG and England averages of 75%.

Families, children and young people

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. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group.
- The practice hosted on site midwifery clinics.
- The practice had a dedicated GP specialising in paediatrics.
- The practice had a GP with special interests in contraception (including implants).
- There was dedicated health information in the waiting room for teenagers.
- Cervical screening, sexual health and contraceptive services were provided at the practice.

Good



Summary of findings

100% of eligible patients had received cervical screening compared to the CCG average of 99% and national average of 98%.

Working age people (including those recently retired and students)

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

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice provided extended hours appointments from 8am to 11am on Saturday mornings. In addition the practice also provided services from 11am to 3pm during winter months.
- Telephone consultations were available if appropriate for patients at work
- 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.
- Health checks were offered to patients aged between 40 and 74 who had not seen a GP in the last three years.
- The practice offered work related medical assessments.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients with a learning disability.
- Patients who had a learning disability had an annual review of their health needs and a health action plan in place.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- We saw information displayed in the practice about various local support groups and voluntary organisations, which patients could access as needed.
- The practice carried out regular reviews of care home patients.
- Carers information was available in the waiting room for patients or their carers to access.
- The practice had applied to join the Leeds Safe Place Scheme which is aimed at providing support to adults with learning disabilities cope with any incident that takes place whilst they are out and about.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 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 carers were given information on how to access various support groups and voluntary organisations, such as Carers Leeds.
- The practice participated in the directed enhanced service for dementia which aimed at ensuring patients received timely diagnosis and access to appropriate treatment, care and support.
- 96% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in their record in the preceding 12 months (CCG and national averages 88%).
- Staff could demonstrate they had a good understanding of how to support patients with mental health needs or dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey distributed 218 survey forms of which 118 were returned. This was a response rate of 54% which represented 2% of the practice patient list. The most recent national survey results were published in July 2016 after our inspection of the practice. These showed that the patients ratings of the practice were in line with neighbouring practices and England averages. For example:

- 91% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and national average of 73%.
- 97% 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 83% and national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.

- 94% 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 75% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards of which 25 were positive about the standard of care received. Many used the word 'excellent' and 'thorough' to describe the service. However; two of the comments cards we received contained negative feedback regarding the attitude of staff at the practice.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, co-operative and helpful.

Areas for improvement

Action the service **MUST** take to improve

- Ensure dispensing standard operating procedures are fit for purpose and cover all required processes.
- Ensure there is a system in place for identifying and sharing learning from medicines management incidents.
- Ensure that there are documented checks and records relating to medicines management to ensure the quality and safety of services

Action the service **SHOULD** take to improve

- Manage controlled drugs in accordance with the relevant legislation
- Keep a documented record of when checks are carried out on the oxygen and defibrillator.

Manston Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, and a pharmacist specialist advisor.

Background to Manston Surgery

Manston Surgery is located in Cross Gates Medical Centre on Station Road, Leeds, LS15 8BZ. The practice also has a branch site at 96 Main Street, Scholes, Leeds, LS15 4DR. The branch site is situated in a more rural location and as such is a dispensing site. We visited both sites as part of our inspection.

The practice is part of the Leeds South and East Clinical Commissioning Group and serves a population of approximately 6675 patients. The service is provided by four GP partners (three male and one female). The partners are supported by a salaried GP (female), two practice nurses, a health care assistant and a phlebotomist. The clinical staff are supported by an experienced team of administration staff.

The practice is classed as being in the one of the lesser deprived areas in England, being in the sixth decile.

Patients can access a number of clinics for example; asthma and diabetes, smoking cessation and baby clinics. The practice also offers services such as childhood vaccinations and cervical smears.

Manston Surgery is open as follows:

Crossgates location:

Monday – Friday from 8am until 6pm

Saturday from 8am until 11am

The practice also provides additional hours from 11am until 3pm during the winter months.

Scholes location:

Monday, Wednesday and Friday from 8am until 12pm and 3pm until 6pm

Tuesday and Thursday from 8am until 12pm

When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

Services are provided under a personal medical services contract. This is the contract held between the practice and NHS Commissioners. They also offer a range of enhanced services such as influenza, pneumococcal and childhood immunisations.

The practice has good working relationships with local health, social and third sector services to support provision of care for its patients. The third sector includes a diverse range of organisations including voluntary and community groups.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds South and East Clinical Commissioning Group (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 2016). 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 27 April 2016. During our visit we:

- Spoke with a range of staff, which included two GP partners, a practice nurse, a health care assistant and a member of the reception team.
- Spoke with patients who were all positive about the practice and the care they received.
- Reviewed comment cards where patients and members of the public shared their views.
- 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?

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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.
- The practice carried out an analysis of the significant events.
- However, when we visited the dispensary at the branch site we saw that staff did not keep a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary).

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. For example, an incident occurred when a vaccination had been administered to a patient whose existing medication meant that the vaccination should not have been given. The incident was reported to the lead GP and a letter sent to the patient documenting advice to follow and a full apology.

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. 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 attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurses shared the role of infection control clinical lead and they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, we saw that clinical waste bags were not labelled. We discussed this with the practice at the time of our inspection and were informed this would be rectified immediately.
- Arrangements for managing medicines at the practice did not always keep people safe. Medicines were dispensed at the Scholes surgery for people who did not live near a pharmacy. Dispensary staff showed us standard operating procedures (SOPs) which covered some basic aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However these were limited in both scope and detail. Prescriptions were signed before being dispensed and there was a robust process in place to ensure this occurred.

There was a named GP responsible for the dispensary and we saw records showing all members of staff involved in the dispensing process had received appropriate training, however there were no documented ongoing checks of their competency.

Are services safe?

The practice dispensed a small number of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) but did not have an SOP covering the management of these. We found medicines requiring safe custody had not been kept in the controlled drugs cupboard and there was no facility to safely dispose of controlled drugs. The practice took steps to secure these medicines during our visit.

Expired and unwanted medicines were disposed of according to waste regulations. Staff did not routinely check stock medicines were within expiry date and fit for use as recommended in current guidance, and there was no SOP to govern this activity. Dispensary staff told us about procedures for monitoring prescriptions that had not been collected, and there was a system in place for the management of repeat prescriptions, including those for high risk medicines.

Staff did not keep a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary), however we saw some basic details of dispensing errors had been recorded. A high number of significant incidents involving medicines had been recorded. The practice had not acted to adequately investigate these incidents and staff we spoke with were unaware of the details because learning had not been effectively shared to prevent reoccurrence. There was no robust procedure in place to manage medicines safety alerts within the dispensary; we asked to see records relating to a recent drug recall but we were told staff were unaware of the alert or any action taken in response to it.

We checked medicines stored in the treatment rooms, doctors bags, and medicine refrigerators and found they were stored securely with access restricted to authorised staff. There were adequate stocks of emergency medicines, oxygen, and a defibrillator; however there was no formal procedure in place to ensure these were fit for use.

Vaccines were administered by nurses using directions which had been produced in line with legal requirements and national guidance. Blank prescription forms were handled in accordance with national guidance and the practice kept them securely.

- We reviewed two 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 term for a particular 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.

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 treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, although staff we spoke with told us that regular checks were carried out to ensure these were in good working order, the practice did not keep a formal documented log. We discussed this with the practice during our inspection and were informed this would be rectified immediately.

Are services safe?

- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 98% of the total number of points available, with 8% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Data from 2014/15 showed;

- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of alcohol consumption in the preceding 12 months. Compared to the CCG average of 89% and national average of 90%.
- Performance against the Chronic Obstructive Pulmonary Disease (COPD) related indicators was comparable with the CCG and national averages. For example; 96% of patients with COPD had a review recorded, undertaken by a healthcare professional, in the preceding 12 months. This was comparable with the CCG average of 88% and national average of 90%.
- 87% of patients with asthma, on the register, had received an asthma review in the preceding 12 months. This was better than the CCG and national averages of 75%.

Clinical audits demonstrated quality improvement.

- We reviewed four clinical audits completed in the last 12 months. The audits demonstrated where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit had been carried out looking at antibiotic prescribing and adherence to guidelines. The first audit found that only 3% of patients reviewed were compliant with guidelines. As a result of this all clinicians in the practice reviewed the Leeds guidelines for antibiotic prescribing, looking at specific areas where non-compliance had been found. The practice carried out a re-audit six months later and found prescribing had improved, 73% of patients reviewed were found to be compliant with guidelines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- All staff received annual appraisals to provide opportunity for feedback and objective setting.
- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics. Staff had access to and made use of e-learning training modules and in-house training. They were also supported to attend role specific training and updates, for example long term conditions management.
- 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 with other clinicians.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients. The practice could evidence how they followed up those patients who had an unplanned hospital admission or had attended accident and emergency (A&E); particularly children or those who were deemed to be vulnerable.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. Information was shared between services, with the patient's consent, using a shared care record. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a regular basis.

Care plans were in place for those patients who had complex needs, at a high risk of an unplanned hospital admission or had palliative care needs. These were reviewed and updated as needed. Information regarding end of life care was shared with out-of-hours services, to minimise any distress to the patient and/or family.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through patient records audits.

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. The practice nurse provided in-house smoking cessation advice.
- The practice hosted a lifestyle trainer who attended on a weekly basis to provide patients with motivational support relating to alcohol cessation, diet and exercise.

The practice's uptake for the cervical screening programme was 87%, which was better than the CCG average of 83% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, the practice achieved 98% of childhood immunisation rates for the vaccinations given to under two year and five year olds from 91% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 27 Care Quality Commission comment cards of which 25 were positive about the standard of care received. Many used the word 'excellent' and 'thorough' to describe the service. However; two of the comments cards we received contained negative feedback regarding attitude of staff at the practice.

We spoke with three patients which included two 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 85% 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 95% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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 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 better than local and national averages. For example:

- 98% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 85%.

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

- Staff told us that interpretation and translation services were available for patients who did not have English as a first language. This was via a telephone interpreter service.
- There was a hearing loop in the practice.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 34 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and the Leeds South and East Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example; the practice participated in the extended hours service, offering appointments on Saturday mornings. In addition to this the practice also participated in the winter pressures scheme and offered additional appointments from 11am until 3pm during winter months.

- The practice participated in the 'Avoiding Unplanned Admissions' (AUA) scheme which helped reduce avoidable unplanned admissions for vulnerable patients who were at high risk of hospital admission.
- The practice hosted a lifestyle trainer who attended on a weekly basis to provide patients with motivational support relating to smoking cessation, alcohol and exercise.
- The practice was participating in the 'Year of Care' programme. This approach encouraged patients to understand their condition and have a more active part in determining their own care and support needs in partnership with clinicians.
- Due to a higher than average elderly population at the branch site, the practice hand delivered medication as and when required.
- The practice provided at home phlebotomy and health care assistant health checks and for elderly housebound patients.
- The practice nurse also provided long term conditions management for housebound or care home patients.
- The practice participated in the winter pressures scheme.
- Spirometry screening was available for all smokers with the aim of early diagnosis of COPD.
- The practice nurse ran a smoking cessation service for patients to access.

Access to the service

Manston Surgery is open as follows:

Crossgates:

Monday – Friday from 8am until 6pm

Saturday from 8am until 11am

The practice also provides additional hours from 11am until 3pm during the winter months.

Scholes:

Monday, Wednesday and Friday from 8am until 12pm and 3pm until 6pm

Tuesday and Thursday from 8am until 12pm

Appointments could be booked up to four weeks in advance; same day appointments were available for people that needed them.

When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

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.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% 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.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

We saw that information was available to help patients understand the complaints system. For example; the complaints procedure was displayed in the waiting area.

- We looked at one complaint received in the last 12 months and found this was handled appropriately, dealt with in a timely way showing openness and transparency when dealing with the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- 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 within general practice. However when we visited the dispensary at the branch site we saw that staff did not keep a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary).

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners 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 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.

At the time of our inspection the new practice manager had only been in post for a short period of time. However; the previous practice manager had taken the role of assistant and was there to support through the transition process.

- 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 in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

• The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met twice a year and were given an opportunity to submit proposals for improvements to the practice management team. For example, the group had suggested that information for patients in the waiting area should be put into files for ease of review. The practice had acted upon this.

- The practice had gathered feedback from staff through staff meetings and annual appraisals. Staff told us they felt involved and engaged to improve 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.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Standard Operating Procedures were in place which covered some basic aspects of the dispensing process; however these were limited in both scope and detail.</p> <p>The practice dispensed a small number of controlled drugs but did not have an SOP covering the management of these.</p> <p>Staff did not routinely check stock medicines were within expiry date and fit for use as recommended in current guidance, and there was no SOP to govern this activity.</p> <p>Staff did not keep a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary), however we saw some basic details of dispensing errors had been recorded. A high number of significant incidents involving medicines had been recorded. The practice had not acted to adequately to investigate these incidents and staff we spoke with were unaware of the details because learning had not been effectively shared to prevent reoccurrence.</p> <p>There was no robust procedure in place to manage medicines safety alerts; we asked to see records relating to a recent drug recall but we were told staff were unaware of the alert or any action taken in response to it.</p> <p>This was a breach of Regulation 12 (2) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p> |