

The Whitfield Practice

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	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Requires improvement 

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall. (Previous inspection October 2014 rated as Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people living with dementia) - Requires improvement

We carried out an announced comprehensive inspection at The Whitfield Practice on 29 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents were less likely to happen, for example, when incidents did happen, the practice learned from them and improved their processes. However, the practice had not completed risk assessments in relation to health and safety matters and had not assured themselves staff had completed training in these areas.
- Recruitment procedures had not been consistently implemented and not all the required checks had been completed prior to employment.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had faced a number of challenges in the last 12 months and was aware improvements were

Summary of findings

required. They had reviewed their staffing provision to manage the significant partnership changes and the imminent retirement of the practice manager. They had employed a clinical pharmacist partner and staff were moving into new roles to address this. Staff had, and were continuing to, work hard to ensure the impact on patients was minimised during the changes.

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The areas where the provider **should** make improvements are:

- Review and improve systems to support duty of candour requirements.
- Review and improve access to the records relating to the vaccine refrigerator temperatures to make all the data accessible to relevant staff.
- Review and improve cover arrangements for administration processes when staff are on leave.
- Review and formalise management arrangements and clinical overview of information received about patients who have attended out of hours and accident and emergency services.
- Review and improve management oversight of medical alerts.
- Review and improve the security of blank prescriptions held in consulting rooms.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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

The Whitfield Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team included a GP specialist adviser and an expert by experience.

Background to The Whitfield Practice

The Whitfield Practice is situated in the Hunslet area of Leeds. It provides a range of primary care services including minor surgery to approximately 7,718 patients from its surgery at the Hunslet Health Centre on Church Street Leeds.

Overall the demographic of the patients at the practice are similar to the average for practices across England although the practice has had a recent increase in Eastern European patients registered with them. The practice is situated in one of the most deprived areas in England.

The practice has had a number of changes to the partnership in the last 12 months and the partnership currently consists of two GP partners (one male and one female) and a clinical pharmacist who is in the process of registration with CQC. There are also two female salaried GPs. There are two female practice nurses and two healthcare assistants. There is also a practice manager and assistant practice manager and teams of receptionists and secretarial staff.

The practice is open Monday and Wednesday 8am to 6.30pm, Tuesday 8am to 7.30pm, Thursday 7am to 6.30pm and Friday 8am to 6pm. Out of hours services are accessed through the NHS 111 service.

The practice previous rating of Good for the inspection in October 2014 was displayed in the practice and on the website.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- There was a lack of evidence staff had completed training in safeguarding, infection prevention and control and health and safety matters.
- Recruitment procedures had not been consistently implemented and not all the required checks had been completed prior to employment.
- Health and safety risk assessments had not been completed.
- Blank prescriptions were not always stored securely.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse but not all procedures had been effectively implemented.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff told us they received safety information for the practice as part of their induction and refresher training but there was a lack of records to evidence all staff had completed the required training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff had access to eLearning for safeguarding and safety training appropriate to their role. Staff told us they had completed this training and were aware of signs of abuse and how to report concerns. However, we

found there was no oversight of completion of training and there was a lack of records to evidence all staff were up to date with training. Reports and learning from safeguarding incidents were available to staff.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis and Disclosure and Barring Service (DBS) checks were undertaken. (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). However, we found there was inconsistency in the application of recruitment processes and not all the checks had been completed for all staff prior to employment. For example, one of the clinical staff had had a DBS check completed but this had not been received prior to employment and there was a lack of evidence of conduct in previous employment such as references. We were told this was an oversight as the member of staff had worked for the practice for some time having originally been employed through an agency. The agency had completed the checks initially but these had not been repeated on employment directly by the practice. A DBS check had been applied for but not received for one member of non-clinical staff who had commenced employment some months prior to the inspection. A written risk assessment had not been completed to show how any risks would be minimised and the member of staff told us they had undertaken chaperoning duties. We only saw evidence in one of the four staff files we checked that a health assessment, including immunisation checks, had been completed.
- Staff who acted as chaperones were trained for the role and had received a DBS check. However, one member of staff told us they had undertaken chaperoning duties and had not had training and we observed a DBS had not been received for them.
- There was a system to manage infection prevention and control (IPC) although there was a lack of evidence all staff had up to date IPC training although staff had knowledge of procedures relevant to their role.
- There were systems for safely managing healthcare waste.

Are services safe?

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was system to manage staff absences and for responding to epidemics, sickness, holidays and busy periods. However, staff told us that administration tasks were not always completed by other staff when they were on leave.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures although we observed one member of clinical staff had not received training since October 2016. We were told refresher training was booked for October 2018.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff may not have all the information they needed to deliver safe care and treatment to patients.

- The practice had systems for sharing information with staff and other agencies. However, staff told us that administration tasks were not always completed by other staff when they were on leave which included scanning letters onto patient notes when received by the practice. We observed there were no written protocols for the management of incoming letters and information to support staff in decisions about which information should be passed to a clinician. For example, staff told us information was only forwarded to a clinician where there were actions to be completed such as changes in medicines. We were not assured this

process was adequate for clinicians to monitor activity such as children who had attended out of hours and accident and emergency services. We were advised they would review this procedure.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines although there were some shortfalls in the records maintained.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. However, vaccine refrigerator temperature monitoring records were held electronically. These records did not always show the minimum temperature although there was space to record this and records prior to 27 February 2018 could not be accessed by the staff on duty.
- Use of blank prescriptions was monitored and records were maintained. The practice did not always keep prescription stationery securely as some were held in unlocked printers in unlocked rooms. The practice told us they would review this.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record although there were shortfalls in risk assessment and training relating to health and safety matters.

Are services safe?

- The practice had not completed any risk assessments in relation to health and safety matters. The practice was situated in a rented building and the practice relied on the landlord to have assessed safety in the building. The practice had a copy of the landlords fire risk assessment completed in February 2016 but told us they had not been provided with a copy of the action plan. This was obtained during the inspection and we identified one of the required actions was for the practice to have their own fire risk assessment but this had not been completed. We also observed the risk assessment had identified the practice were using portable heaters and these were to be removed. The practice told us they had not been informed of this and were using these due to inefficient heating systems in the building. They had not completed their own risk assessment in relation to the heaters.
- The practice provided online health and safety training such as fire safety training and staff told us they had completed training in these areas and were able to describe the evacuation procedures. However, there was a lack of records to evidence completed training.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, where there had been incidents relating to referral of patients the practice had reviewed these incidents and made changes to protocols to support practice.
- There was a system for receiving and acting on safety alerts. Actions taken were recorded on individual alerts and staff were able to describe the actions taken. However, there was a lack of management oversight to monitor medical alerts had been dealt with. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as requires improvement for providing effective services overall.

The practice and all the population groups were rated as requires improvement for providing effective services because:

- Staff training records did not evidence training, for example, safeguarding, infection prevention and control and health and safety matters, had been provided and appraisals had not been completed for all non-clinical staff.

Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

All of the population groups were rated as requires improvement because:

- Staff training records did not evidence training, including on safeguarding, infection prevention and control and health and safety matters, had been provided and appraisals had not been completed for all staff. These issues affected all patients and therefore all of the six population groups below.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and

social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- The practice had been part of a local scheme to provide a falls clinic within the surgery which was undertaken by the healthcare assistant.
- Patients aged over 75 had health checks completed opportunistically or at annual medication reviews.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- A dedicated salaried GP completed regular ward rounds for older patients in nursing and residential homes in the area.
- Practice nurse's completed home visits for flu vaccinations, long term conditions reviews and other medical issues as required.

People with long-term conditions:

- Patients with long-term conditions had a care plan and structured annual review to check their health and medicines needs were being met. The practice pharmacist completed medication reviews.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. Combined clinics were held for patients with more than one long term condition to promote compliance and education.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. A dedicated practice nurse reviewed patients with chronic obstructive pulmonary disease (COPD) and asthma patients.
- Rescue packs were issued for COPD patients to treat exacerbations of COPD and also to treat chest infections early. Children with asthma were monitored jointly by

Are services effective?

(for example, treatment is effective)

practice nurse and GP. The practice told us they implemented asthma care plans for children and advice for parents on the mild, moderate and severe symptoms of asthma and what action to take.

- Patients with a new diagnosis of diabetes were referred to the diabetes education program.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were slightly below the target percentage of 90% in three of four sets of immunisations recommended for children up to 2 years. Completion rates in these three areas ranged between 82% and 87%. The practice told us they would review this.
- A baby clinic was held at the practice on Monday afternoons for eight week checks by the GP with a vaccination clinic run by the practice nurse held simultaneously for the babies and children. The practice told us they monitored mothers with gestational diabetes with the midwife and made sure they had three monthly postnatal blood tests and an annual check for diabetes.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- A comprehensive range of family planning services were provided in the surgery.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 72%, which was slightly below the 80% coverage target for the national screening programme. We discussed this with the practice and they told us their current uptake was 76% although this data had not yet been verified or published.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine. For example, they had invited patients to a drop in session in September 2017 and they had provided vaccines for nine students in the last 12 months.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. 148 NHS health checks had been completed in the last 12 months.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Annual reviews were offered to patients with a learning disability.

People experiencing poor mental health (including people with dementia):

- The practice told us they had 79 patients on their mental health register and 83 on the dementia register. All these patients were offered an annual health check and review.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice hosted a weekly session for a community mental health worker for patient assessment and referral to secondary care as appropriate.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and

Are services effective?

(for example, treatment is effective)

appropriateness of the care provided. We reviewed two audits completed by the practice. One audit of a minor surgical procedure had led to an improvement in the use of equipment used. Another audit reviewed whether procedures were correctly documented following insertion of a contraceptive device. New practice procedures were implemented following the initial audit and a second audit showed a significant improvement in the records. Where appropriate, clinicians took part in local and national improvement initiatives and the practice had undertaken a number of CCG prescribing audits.

The most recent published QOF results showed the practice had achieved 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 96%. The overall exception reporting rate was 9% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. However, due to lack of records all staff training could not be evidenced and appraisals had not been completed for all non-clinical staff.

- The practice provided training via eLearning and external events. However, up to date records of skills, qualifications and training were not consistently maintained to evidence the training completed particularly in areas relating to health and safety matters. The practice had recognised this and had recently implemented a central log for non-clinical staff to enable them to monitor training completed. They told us they were going to expand this to include all staff. They had also recently added a list of the expected training to be completed to the induction pack and we observed the most recently employed member of staff had completed the majority of this training.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. However, not all

non-clinical staff had received an appraisal in the last 12 months. The practice manager was aware of this and there was a schedule in place to complete these appraisals.

- Staff feedback about training, appraisal and support was variable. Some staff told us there were limited opportunities for training and appraisal while others were satisfied their training needs were met.
- The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a system for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

The majority of patients told us staff treated patients with kindness, respect and compassion. Staff understood patients' personal, cultural, social and religious needs.

- The practice gave patients timely support and information.
- The majority of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test in February 2018 which showed 84% of patients would recommend the practice.
- We observed from the practice complaints summary there had been a number of complaints about various staff attitudes. These had been investigated and addressed with the staff concerned individually and collectively and in-house awareness training had been provided. The practice was also looking to source additional customer care training to improve this area.
- We observed two incidents where reception staff were not caring and supportive with patients during the inspection. We reported our findings to the practice manager immediately and this was addressed with the patients and staff by the practice manager on the day.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 306 surveys were sent out and 96 were returned. This represented about 1% of the practice population. The practice was comparable to others for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.

- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG – 86%; national average - 85%.
- 97% of patients who responded said the nurse was good at listening to them; CCG - 91%; national average - 91%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 90%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids, such as a hearing loop, were available.
- The practice website had a function to enable patients to translate the information into different languages.

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 177 patients as carers (2.2% of the practice list).

- Carers were offered flu vaccinations and health checks.
- Staff told us that if families had experienced bereavement they were given advice on how to find a support service.

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 above local and national averages:

Are services caring?

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. The practice offered early morning and evening appointments and home visits for patients who required these and translation services were available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Practice Nurse's completed home visits for flu vaccinations, long term condition reviews and other medical issues as required.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice told us they try to accommodate families if members of the same family need to be seen at the same time and can give multiple appointments if needed.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours for early mornings and late evening appointments. The practice was also part of the South and East Leeds Federation who had recently provided hub working with extended hour appointments on an evening and weekend for patients to see a GP. One of the practice GPs also worked in this service occasionally.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- All patients on the mental health and dementia registers were offered an annual review.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Are services responsive to people's needs?

(for example, to feedback?)

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- We observed urgent appointments were available on the day and the next GP pre-bookable appointment was available within one week.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 80%.
- 78% of patients who responded said they could get through easily to the practice by phone; CCG – 66%; national average - 71%.
- 69% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 70%; national average - 75%.

- 72% of patients who responded described their experience of making an appointment as good; CCG - 69%; national average - 73%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 17 complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way. We observed detailed response letters were provided to patients and included GPs reflections on the complaint and how they would use the information to improve.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, where patients had complained about staff attitudes this had been addressed individually and collectively with the staff and training had been provided.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice and all of the population groups as requires improvement for providing a well-led service.

The practice was rated as requires improvement for providing well led services because:

- There was a lack of management oversight of some processes to ensure these had been fully and consistently implemented. For example, staff training, appraisals, recruitment and security of blank prescriptions. In addition health and safety risk assessments had not been completed.

Leadership capacity and capability

Leaders had the capacity and skills to deliver good quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice had been through a number of changes in the last 12 months in respect of the partnership. They had found this extremely challenging as they had found difficulty with recruitment of new staff. There had been a reliance on using locum GPs to assist them to meet patients' needs but this trend had been reduced recently. They had employed a clinical pharmacist partner who was undertaking medicines reviews.
- The practice manager was due to retire on the day of the inspection. An experienced assistant practice manager had been promoted to this role and a senior receptionist had been employed to support administration and reception staff. The new management team had identified improvements which were required and had started to put systems in place to achieve this such as an overview of training.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver good quality, sustainable care.

- There was a clear vision and set of values. The practice had a strategy to achieve priorities.
- Most staff understood the vision and their role in achieving this.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of good quality sustainable care. However, we received mixed comments from staff as to how well they felt supported.

- We received mixed comments from staff as to whether they felt respected, supported and valued. For example, some stated there was a lack of teamwork whilst others praised the management team.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of the requirements of the duty of candour but there was no written duty of candour policy to support this.
- There were processes for providing all staff with the development they needed although these were not all up to date. This included appraisal and career development conversations. Not all staff had received an appraisal in the last year. However, this had been identified and dates were scheduled for the completion of these. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

Governance arrangements

Are services well-led?

Requires improvement 

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

There were systems to support governance and management. but these had not always been effectively implemented or monitored.

- Structures, processes and systems to support good governance and management were set out. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control although there was a lack of evidence in records of training in these areas.
- Practice leaders had established policies, procedures and activities to ensure safety but had not always assured themselves that they were operating as intended. For example, recruitment procedures had not been fully and consistently implemented and staff training and appraisals lacked management oversight to ensure this was completed.

Managing risks, issues and performance

There were shortfalls in some processes for managing risks, issues and performance.

- There was a lack of risk assessment in health and safety matters to ensure risks were identified, understood and monitored.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders had oversight of incidents, and complaints. Although we found evidence medical alerts were being actioned there was a lack of management oversight to assure themselves all medical alerts had been dealt with appropriately.
- Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place for major incidents although there was a lack of evidence all staff had received relevant training for example, in fire safety.

- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice told us they had regular staff meetings and there was an active patient participation group who had completed a survey in the practice in February 2017. 290 patients had completed the survey and 88% had rated the practice excellent or good.

Are services well-led?

Requires improvement 

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

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, improvement and innovation.

- The practice was aware of improvements that were required and had reviewed their staffing provision to manage the changes that had occurred over the last 12 months. The practice had employed a clinical pharmacist partner to assist with improving prescribing practice and medicine's management.
- Changes were continuing with the imminent retirement of the practice manager and the staff moving into new roles. The new practice manager and senior receptionist were aware of improvements that were required and had implemented some processes such as the training overview to enable them to monitor this area moving forward.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

This section is primarily information for the provider

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>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out and the registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Health and safety risk assessments had not been completed.• Actions that needed to be taken as a result of the most recent fire risk assessment in 2016 had not been completed. <p>This was in breach of regulation12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing Requirements in relation to staffing</p> <p>How the regulation was not being met</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p>

This section is primarily information for the provider

Requirement notices

- Staff training records did not evidence training, including on safeguarding, infection prevention and control and health and safety matters, had been provided.
- Appraisals had not been completed for all staff.
- Some staff said they were not supported and there was a lack of team working.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons.

How the regulation was not being met

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Satisfactory evidence of conduct in previous employment was not always present.
- Results of Disclosure and Barring Service (DBS) checks were not always received prior to staff commencing employment.
- Health assessments, including immunisation checks were not always carried out.

This was in breach of regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.