

# Fieldhead 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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fieldhead Surgery on 2 September 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- Patients' needs were assessed and care was planned and delivered following local and national care pathways and National Institute for Health and Care Excellence (NICE) guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff were proactive in promoting and offering cancer screening for bowel, breast and cervical and could evidence higher than average uptake rates, compared to CCG and national figures.
- Patients had good access to appointments, which included extended hours early morning, evening and on Saturdays and Sundays. The practice could evidence a low usage of out of hours care as a result.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. National GP patient survey results showed patient satisfaction rates for the majority of the questions were higher than both the local CCG and national rates.
- Views were sought on how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and engagement with patients and their local community.
- Risks to patients were assessed and well managed. The practice had sought input from a specialist health and safety consultancy, which carried out risk assessments and completed all health and safety policies and protocols.
- There were effective safeguarding systems in place to protect patients and staff from abuse. There was evidence of shared learning with a wider team.

# Summary of findings

- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs were accessible and supportive.
- There was an open and transparent approach to safety. All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place. The practice was proactive in reporting prescribing and medicines alerts on the local incident reporting system.
- The provider was aware of and complied 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.)

We saw an area of outstanding practice:

- The practice provided evidence of how they had effected change in diabetes care pathways for secondary care services, in line with up to date clinical and medicines management guidelines. For example, following input from the practice, insulin prescribing guidelines had been changed and adopted locally for patients discharged from secondary care. This had supported a consistent approach in the management of those patients across both secondary and primary care services within Leeds.

**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 good for providing safe services.

- Risks to patients were assessed and well managed. The practice had sought input from a specialist health and safety consultancy, which carried out risk assessments and completed all health and safety policies and protocols.
- There was an open and transparent approach to safety. All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place. The practice was proactive in reporting prescribing and medicines alerts on the local incident reporting system.
- There was a nominated lead for safeguarding children and adults. Systems were in place to keep patients and staff safeguarded from abuse. We saw there was safeguarding information and contact details available for staff.
- There were processes in place for safe medicines management. We saw evidence that a risk assessment had been undertaken with regard to which medicines GPs should keep in their bags, for use in an emergency (in line with up to date guidance).
- The practice employed a clinical pharmacist who supported safe and effective prescribing.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control (IPC). Regular IPC audits and checks of the building were undertaken.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with local pathways and national guidance. We saw evidence where clinicians undertook monthly reviews of NICE guidance and identified any actions the practice needed to take in respect of these.
- The practice provided evidence of how they had effected change in diabetes care pathways for secondary care services; in line with up to date clinical and medicines management guidelines.
- We saw evidence of appraisals and up to date training for staff.

Good



# Summary of findings

- There was evidence of working with other health and social care professionals, such as the community matron, to meet the range and complexity of patients' needs.
- We saw evidence of clinical audits which could demonstrate quality improvement.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.
- Staff were proactive in promoting and offering cancer screening for bowel, breast and cervical and could evidence higher than average uptake rates, compared to CCG and national figures. For example, cervical screening was 86% (CCG 79%, national 82%).
- Patients who were at risk of developing either chronic obstructive pulmonary disease or diabetes were invited for screening and healthy lifestyle advice.
- The practice had access to a health trainer who offered support for people seeking to enhance their health and well-being through increasing their activity levels and reducing their weight.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were good compared to local and national averages.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than other practices for the majority of questions regarding the provision of care. Comments we received from patients on the day of inspection were positive about staff and their care.
- We observed that staff treated patients with kindness, dignity, respect and compassion.
- Clinical and administrative staff demonstrated a commitment to providing good care for their patients.
- There was a variety of health information available for patients, relevant to the practice population, in formats they could understand.
- There was a carers' register and all carers were referred to Carers Leeds for additional support and advice suitable for their individual needs.

Good



# Summary of findings

- We were given examples of where staff had ‘gone the extra mile’ for patients. For example, collecting a prescription and taking it to a patient who was unable to access the surgery and was in acute need of treatment.

## Are services responsive to people’s needs?

The practice is rated as good for providing responsive services.

- The practice worked with Leeds West Clinical Commissioning Group (CCG) and other local practices to review the needs of their population. For example, they participated in local quality improvement projects such as the local prescribing initiative. We were shown evidence that this had streamlined the prescribing patterns for antibiotic prescribing.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- National GP patient survey responses regarding access were very positive and consistently rated the practice higher than local CCG and national practices. For example, 96% of respondents said they could easily get through to the practice by telephone (CCG 77%, national 73%).
- The practice offered pre-bookable, same day and online appointments. They also provided extended hours appointments every weekday, telephone consultations and text message reminders. Patients had good access to appointments, which included extended hours early morning, evening and at the weekend. The practice could evidence a low usage of out of hours care as a result.
- All patients requiring urgent care were seen on the same day as requested.
- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients or those with complex conditions.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people with dementia or a condition other than cancer.

Good



## Are services well-led?

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

Good



# Summary of findings

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- The provider complied with the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- There were safe and effective governance arrangements in place. These included policies and systems to identify and minimise risk.
- The practice had a very organised approach to working systems and processes, which was evidenced in their policies and checks relating to safe care. Such as reviewing NICE guidance and recorded equipment and vaccine fridge temperature checks.
- We saw evidence of formal minutes for meetings, such as practice, multidisciplinary, palliative care and safeguarding.
- The GP partners promoted a culture of openness and honesty. Staff and patients were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services.
- The practice proactively sought feedback through engagement with patients and their local community. There was an active patient participation group of 40 members, who were encouraged to vocalise ideas and suggestions to improve service delivery.
- The CCG had been successful in obtaining funds from the Prime Minister's 'Challenge Fund' and the practice was exploring ways of using this funding to enhance patient experience through the use of technology; for example using tele-consultation.
- Staff at all levels were encouraged to develop their skills and progress in their roles.
- The practice supported graduate doctors, who were in their second year of a foundation programme (FY2), to gain experience in general practice. (This is a transition period of practice between being a student and undertaking more specialised training.)

# 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

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

- Proactive, responsive care was provided to meet the needs of the older people in its population.
- Registers of patients who were aged 75 and above and also the frail elderly were in place to ensure timely care and support were provided. Six monthly health reviews were offered for these patients and all had a named GP.
- Any patient who had not attended the practice in the preceding 12 months was also invited for a health check.
- Patients who were on four or more medicines had an alert on their record. This was to ensure six monthly reviews were undertaken by a clinician.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care and support they needed.
- Patients were signposted to other local services for additional support. For example, Caring Together a local organisation which supported older people and helped them to combat the isolation and loneliness sometimes associated with later life.

Good



### People with long term conditions

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

- The practice maintained a register of patients who were a high risk of an unplanned hospital admission. Care plans and support were in place for these patients.
- Longer appointments were available as needed.
- The practice delivered care and support for patients who had diabetes using an approach called the House of Care. This approach enabled patients to have a more active part in determining their own needs in partnership with clinicians. This model of care was being rolled out to other long term conditions, following additional nurse training.
- In line with best practice, six monthly or annual reviews were undertaken to check patients' health care and treatment needs were being met.
- 94% of patients diagnosed with COPD had received a review in the last 12 months (CCG average 89%, national average 90%)

Good



# Summary of findings

- 92% of newly diagnosed diabetic patients had been referred to a structured education programme in the preceding 12 months (CCG average 88%, national average 90%)
- 73% of patients diagnosed with asthma had received a review in the last 12 months (CCG and national average 75%)
- There was an effective system in place for the recall and review of patients who were prescribed Amber drugs. (Amber drugs are prescribed medicines which require the patient to be closely monitored in line with specific guidelines.)
- The practice had recently appointed a clinical pharmacist to work one day a week. Part of their role was to review patients, with cerebro-vascular disease who were prescribed anti-coagulant medicines, to ensure effective prescribing was being undertaken.

## 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.
- Staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Patients under the age of 18 who could benefit from additional support for their emotional and mental wellbeing were referred to Leeds MindMate; which was a CCG funded support service.
- Appointments were available outside of school hours, including evening and weekends. Children were given priority access to on the day appointments.
- We saw evidence of monthly meetings between the health visitor and lead GP for safeguarding, to discuss vulnerable children and those with complex needs. The health visitor was informed of all new children under the age of five who registered with the practice.
- The practice worked with midwives to support ante-natal and post-natal care.
- Uptake rates for all standard childhood immunisations were between 98% and 100%.
- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 86% of eligible patients had received cervical screening in the preceding five years (CCG average 79% and national average 82%).

Good



# Summary of findings

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

Good



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

- The needs of 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 appointments from 7am to 8pm, telephone consultations, online booking of appointments and ordering of prescriptions. In addition weekend appointments were available at a nearby practice through a local agreement.
- The practice offered a range of health promotion and screening that reflected the needs of this age group. This included screening for early detection of COPD (a disease of the lungs) for patients aged 35 and above who were known to be smokers or ex-smokers.
- NHS health checks were offered to patients aged between 45 and 74 who did not have a pre-existing condition.
- The practice offered sexual health advice and a full range of contraceptive services, including the fitting and removal of long-acting reversible contraceptives (LARC).
- Travel health advice and vaccinations were available.

## People whose circumstances may make them vulnerable

Good



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

- 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.
- Patients were signposted to other agencies for additional care and support as needed. We saw there were notices displayed in the patient waiting area informing patients how they could access various local support groups and voluntary organisations.
- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability and patients who act in the capacity of a carer.
- Carers were offered a health check and influenza vaccination and were encouraged to participate in the Carers Leeds yellow card scheme.

# Summary of findings

- Patients who had a learning disability were offered longer appointments and an annual health check. Health Action Plans had been developed for use with patients with learning disabilities, giving details of personal preferences for health care and detailing medicine requirements.

## **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 carer were given information on how to access various support groups and voluntary organisations.
- 90% of patients diagnosed with dementia and 96% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses, had received a review of their care in the preceding 12 months. These were both higher than the CCG and national averages of 83% and 88% respectively.
- Staff had received dementia friendly training and good demonstrate a good understanding of how to support patients with dementia or mental health needs.
- Patients who were at risk of developing dementia were screened and support provided as necessary.
- There was information available for patients on how to access various support groups and voluntary organisations. Patients were signposted to the Patient Empowerment Project (PEP) which sought to encourage social inclusion and tackle loneliness and isolation.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey (July 2016) distributed 222 survey forms of which 99 were returned. This was a response rate of 45% which represented approximately 2% of the practice patient list. The results for the practice had showed that patient averages for positive experiences were consistently higher than local CCG and national averages. For example:

- 95% of respondents described their overall experience of the practice as fairly or very good (CCG 89%, national 85%)
- 92% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG 84%, national 79%)
- 91% of respondents described their experience of making an appointment as good (CCG 76%, national 73%)
- 92% of respondents said they found the receptionists at the practice helpful (CCG 89%, national 87%)
- 99% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG 97% and national 95%)
- 100% of respondents said they had confidence and trust in the last nurse they saw or spoke to (CCG 98%, national 97%)

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be completed by patients. We received 28 comment cards all of which were overwhelmingly positive, using the words 'excellent, first class and professional' to describe the service and care they had received. They stated they felt listened to and said staff were caring and helpful. We also spoke with three patients on the day; all of whom were very positive about the staff and the practice.

## Outstanding practice

- The practice provided evidence of how they had effected change in diabetes care pathways for secondary care services, in line with up to date clinical and medicines management guidelines. For example, following input from the practice, insulin prescribing guidelines had been changed and adopted locally for patients discharged from secondary care. This had supported a consistent approach in the management of those patients across both secondary and primary care services within Leeds.

# Fieldhead Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team comprised of a CQC inspector and a GP specialist advisor.

## Background to Fieldhead Surgery

Fieldhead Surgery is registered with the Care Quality Commission (CQC) and is a member of the Leeds West Clinical Commissioning Group (CCG). General Medical Services (GMS) are provided under a contract with NHS England. They offer a range of enhanced services, which include:

- extended hours access
- improving patient online access
- delivering childhood, influenza and pneumococcal vaccinations
- facilitating timely diagnosis and support for people with dementia
- identification of patients with a learning disability and the offer of annual health checks
- identification of patients who are at a high risk of an unplanned hospital admission, reviewing and coordinating their care needs

The practice address is 65 New Road Side, Leeds LS18 4JY. This is located in the Horsforth area of Leeds, which is in the south west of Leeds city centre. The building is owned by the GP partners and is a converted two storey house. It is situated on a main road with local shops and pharmacy nearby. There is no dedicated car park, however, on street parking is available. There is one reception area with two patient waiting areas on each of the two floors. The first

floor is accessed by stairs. We were informed patients who have mobility difficulties are seen in a downstairs consulting room. There was limited disabled access, however, we were informed staff were aware of their disabled patients and supported them accordingly.

At the time of our inspection we were informed of the building issues and what actions the practice had taken. They had previously submitted a business case to obtain funding to refurbish and extend the premises and were currently awaiting the outcome. We were also informed that many of their patients had sent letters both to the practice and CCG supporting the modernisation of the premises.

The practice currently has a patient list size of 5,202 which is predominantly white British. The practice catchment area is classed as being within one of the lesser deprived areas in England. The patient demographics deviate from local CCG and national averages in some areas. For example:

- They have a slightly higher number of patients aged 65 and older, compared to other practices locally and nationally.
- The percentage of patients who are in paid work or full time education is 71% (CCG 66%, nationally 61%). Less than 1% of patients are unemployed (CCG and nationally 5%).
- There are lower numbers of patients who have a long standing health condition, 38% (CCG 51%, nationally 54%).

The partners consist of three GPs (one female, two male) and a female practice manager. Other clinical staff includes two other GPs, two practice nurses, a pharmacist and a health care assistant; all of whom are female. There is also a male health care assistant. Clinicians are supported by a team of reception, administration and secretarial staff who are managed by a site supervisor.

# Detailed findings

The practice is open as follows:

Monday, Tuesday 7am to 7pm

Wednesday 8am to 8pm

Thursday, Friday 8am to 7pm

In addition, the practice worked with other local GP practices, 'a hub', to provide weekend appointments. These were provided at Headingley Medical Centre (approximately three miles away) on Saturday and Sunday 8am to 4pm.

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.

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 very diverse range of organisations including voluntary, community, tenants' and residents' groups.)

The practice supports graduate doctors, who are in their second year of a foundation programme (FY2), to gain experience in general practice. (This is a transition period of practice between being a student and undertaking more specialised training.)

Fieldhead Surgery has 'sister' practices based at Craven Road Surgery, 60 Craven Road Leeds LS6 2RX and Holly Bank Medical Centre, 1 Shire Oak Street Leeds LS6 2AF. These are registered separately with CQC. The GPs and practice manager are partners for all sites and both clinical and non-clinical staff rotate between the sites. They share the same policies and procedural systems. Patients from Fieldhead Surgery can access Craven Road Surgery for minor operation procedures. The practice manager is based at Craven Road Surgery and the site supervisor is based at Fieldhead Surgery.

## 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 and inspection programme. The inspection was planned to check whether

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds West 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). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. 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 2 September 2016. During our visit we:

- Spoke with a range of staff, which included one of the GP partners, the practice manager, the site supervisor, a practice nurse and the health care assistant.
- Reviewed questionnaire sheets which were given to eight administration staff, a practice nurse and the health care assistant prior to inspection.
- Reviewed CQC comment cards and spoke with patients regarding the care they received and their opinion of the practice.
- Observed in the reception area how patients, carers and family members were treated.
- 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?

# Detailed findings

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

- Older people
- People with long term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting, recording and investigating significant events and near misses.

- There was a culture of openness, transparency and honesty.
- The practice was aware of their wider duty to report incidents to external bodies such as Leeds West CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was a nominated lead for ensuring all significant events and near misses were recorded on the electronic reporting system. We saw evidence these were also discussed in practice meetings. We looked at some incidents in detail and saw there was good evidence of investigation, actions taken to improve safety in the practice and shared learning with staff. For example, a patient had attended a local walk-in centre and had been prescribed a medicine which they had previously stated they were allergic to and had been identified in their electronic patient record. This was discussed with the patient by a GP from Fieldhead Surgery. The patient stated they had not received any adverse affects from the medicine. The incident was discussed at the practice clinical meeting and also raised with the walk-in centre for them to undertake their own investigation
- All significant events relating to medicines were monitored by the local CCG medicines management team. Any concerns or issues were then fed back to the practice to act upon.
- There was a system in place to ensure all safety alerts were cascaded to staff and actioned as appropriate.

- Quarterly 'whole team' meetings were held between Fieldhead Surgery, Craven Road Surgery and Hollybank Medical Centre to share good practice. We saw meeting minutes which could evidence shared learning from significant events.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. We saw evidence of:

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. Staff had received training relevant to their role and could demonstrate their understanding of safeguarding. A GP acted in the capacity of safeguarding lead for adults and children and had been trained to the appropriate level three. Although it was not possible for the GPs to attend external multi-agency safeguarding meetings, reports were always provided where necessary. The health visitor regularly attended the practice and any child safeguarding issues or concerns were communicated to them. We saw evidence of meeting records to support this.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) It was recorded in the patient's record when a chaperone had been in attendance or had been refused.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. All staff had received up to date training in infection prevention and control (IPC). The practice nurse was the nominated lead for IPC. They

## Are services safe?

undertook regular checks of the building and we saw evidence that six monthly IPC audits had taken place and action had been taken to address any improvements identified as a result.

- There were safe and effective arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. We saw records to evidence that monthly checks were undertaken to ensure equipment was fit for purpose and that medicines were in date. We saw evidence that a risk assessment had been undertaken with regard to which medicines GPs should keep in their bags for use in an emergency (in line with up to date guidance). For example, it had been risk assessed that opiates such as morphine or pethidine (used for extreme pain relief) were not suitable to be carried either in the GPs' bags or on the premises, due to the close proximity of the practice to emergency services.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines such as disease-modifying antirheumatic drugs (DMARDs). (DMARDs are medicines that are normally prescribed to treat rheumatoid arthritis. They can have side effects which may affect the blood, liver or kidneys. Patients taking these medicines need regular blood tests to check for side effects.) The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had recently appointed a clinical pharmacist to assist with monitoring the anti-coagulant medicines taken by patients with cerebro-vascular disease. One of the GPs was the prescribing lead for the CCG, and took a lead on medicines management issues within the practice.
- Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines, in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references and DBS checks.

### Monitoring risks to patients

The practice had procedures in place for assessing, monitoring and managing risks to patient and staff safety. We saw evidence of:

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and legionella (legionella is a bacterium which can contaminate water systems in buildings).
- A health and safety policy and up to date fire risk assessment had been completed. The practice had sought input from a specialist health and safety consultancy, which carried out risk assessments and completed all health and safety policies and protocols.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- 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. Staff worked to regular rotas and could also work across the three sites of the practice. Staff worked flexibly to cover any changes in demand, for example annual leave, sickness or seasonal.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff were up to date with fire and basic life support training.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

## Are services safe?

- Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use. The emergency medicine stock did not contain rectal diazepam, which is used in an emergency situation to stop 'cluster' seizures in people with epilepsy. We saw evidence the practice had considered this and had completed a risk assessment. This stated that due to the proximity of the practice to local hospitals and emergency care this medicine could be omitted from their medicine stock.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the practice intranet and as a paper copies.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

There were systems in place to keep all clinical staff up to date with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

We saw evidence where clinicians undertook monthly reviews of new and existing NICE guidance and identified any actions the practice needed to take in respect of these. For example, in relation to the latest guidance on antenatal care for uncomplicated pregnancies, actions required ensuring clinicians adhere to the quality standards in antenatal care and provide appropriate lifestyle advice to patients.

Patients' needs were assessed and delivered care in line with best practice guidelines. 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. We saw formal minutes from meetings which showed QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2014/15) showed the practice had achieved 99% of the total number of points available, with 5% exception reporting. This was lower than the CCG and national average of 9%. (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 showed:

- Performance for diabetes related indicators was higher than CCG and national averages. For example, 92% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months (CCG and national average 88%).
- Performance for mental health related indicators was higher than the CCG and national averages. For

example, 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months (CCG and national average 89%).

The practice used clinical audit, peer review, local and national benchmarking to improve quality. They benchmarked their performance against the local 'practice MOT' tool which compared data such as accident and emergency attendance, referral rates and elective admissions across the practices in Leeds West CCG.

We saw there had been several clinical audits completed in the previous two years, including quarterly audits relating to antibiotics. We reviewed a two cycle audit of joint injections. We saw that all stages of the audit had been completed and could demonstrate where improvement had been identified and sustained. We saw evidence where the audit had been shared with the wider team.

We saw evidence where the practice had participated in a randomised trial relating to non-steroidal anti-inflammatory drugs (NSAIDs); which are medications widely used to relieve pain, reduce inflammation and bring down a high temperature. The trial had been coordinated by the Leeds University Action to Support Practices Implementing Research Evidence (ASPIRE) programme, which supports practices in continuous quality improvement in the delivery of patient care and sustainability.

The practice provided evidence of how they had effected change in diabetes care pathways for secondary care services, in line with up to date clinical and medicines management guidelines. For example, following input from the practice insulin prescribing guidelines had been changed and adopted locally for patients discharged from secondary care. This had supported a more consistent and effective approach in the management of those patients across both secondary and primary care services within Leeds.

Additionally, the local pathology laboratory had amended their protocol for normal range of HbA1C levels after the practice had raised awareness with them of the latest NICE guidance in relation to these. (HbA1C levels increase in the blood as blood glucose levels increase). These changes supported patients' conditions to be managed safely and effectively, and in line with up to date clinical guidelines.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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

- The learning and development needs of staff were identified through appraisals, meetings and reviews of practice performance and service delivery. All staff had received an appraisal within the preceding 12 months.
- Staff were supported to access e-learning, internal and external training. They were up to date with mandatory training which 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 who administered vaccines and the taking of samples for the cervical screening programme had received specific training, which included an assessment of competence. We were informed staff kept up to date of any changes by accessing online resources or guidance updates.
- There was a detailed information pack made available to all GP locums.
- The practice supported graduate doctors, who are in their second year of a foundation programme (FY2), to gain experience in general practice. (This is a transition period of practice between being a student and undertaking more specialised training.)
- The GPs were up to date with their revalidation and appraisal.
- The practice nurses were up to date with their nursing registration. They were receiving support to fulfil their revalidation requirements.

### Coordinating patient care and information sharing

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. They could evidence how they followed up 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, such as the community matron and palliative care nurse, to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. With

the patient's consent, information was shared between services using a shared care record. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a monthly basis.

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

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

We saw evidence that when a patient gave consent it was recorded in their notes. Where written consent was obtained, this was scanned and filed onto the patient's electronic record.

### Supporting patients to live healthier lives

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

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who acted in the capacity of a carer

We were informed (and saw evidence in some instances) that the practice:

- Encouraged patients to attend national screening programmes for cervical, bowel and breast cancer. They

# Are services effective?

(for example, treatment is effective)

contacted patients and provided information and advice of the benefits of attending the screening. The uptake rates were all higher than the local CCG and national averages:

- Cervical screening in the last five years was 88% (CCG 79%, national 82%).
- Breast screening in females aged 50 to 79 in the last 36 months was 77% (CCG 69%, national 72%).
- Bowel screening for patients aged 60 to 69 in the last 30 months was 63% (CCG and national 58%).
- Carried out immunisations in line with the childhood vaccination programme. Uptake rates were higher than the CCG and national averages. For example, children aged up to 24 months ranged from 98% to 100% and 100% for five year olds (CCG average 96%).
- Provided patients access to appropriate health assessments and checks. These included NHS health checks for people aged 40 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.

- Screened patients aged 35 and above who were known to be smokers or ex-smokers, for the early detection of chronic obstructive pulmonary disease (a disease of the lungs).
- Offered pre-diabetes screening for those patients who may be at risk of developing type two diabetes.
- Produced a seasonal newsletter, incorporating practice information and health advice, which was made available for patients as a paper copy in the reception area.

In addition, patients had access to:

- Weight management and smoking cessation services through the local One You Leeds service.
- A health trainer who facilitated healthy lifestyle choices.
- The Patient Empowerment Programme (PEP) to help in alleviating loneliness and social isolation.
- Caring Together who worked with older people to help them combat loneliness and isolation sometimes associated with later life.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that:

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

Data from the national GP patient survey showed respondents rated the practice higher than CCG and national averages for many questions regarding how they were treated. For example:

- 96% of respondents said the last GP they saw or spoke to was good at listening to them (CCG 91%, national 89%)
- 93% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG 89%, national 87%)
- 94% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG 88%, national 85%)
- 92% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG 92%, national 91%)
- 91% of respondents said the last nurse they saw or spoke to was good at giving them enough time (CCG 93%, national 92%)
- 89% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG 92%, national 91%)

We received 28 comment cards all of which were overwhelmingly positive, using the words 'excellent, first class and professional' to describe the service and care

they had received. They stated they felt listened to and said staff were caring, helpful and 'went the extra mile'. We also spoke with three patients on the day; all of whom were positive about the staff and the practice.

### Care planning and involvement in decisions about care and treatment

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

- Interpretation and translation services were available for patients who did not have English as a first language.
- There was access to British Sign Language (BSL) interpreters for those patients who had a hearing impairment and could sign. There was also a hearing loop available.
- There were information leaflets and posters displayed in the reception area available for patients. Patient information could be printed in large font for those patients with visual impairment.
- The choose and book service was used with all patients as appropriate. These appointments were booked by the clinician at the time of the consultation. This allowed the patient the opportunity to opt for treatment at a hospital of their choice and at a time suitable for them.
- The House of Care model was used with patients who had diabetes. This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. Individualised care plans for these patients were maintained. The practice was in the process of extending this approach to be used with other patients who had a long term condition.

Patients told us they felt listened to and supported by staff and felt involved in making decisions about the care and treatment they received. They felt they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Data from the national GP patient survey showed respondents rated the practice higher than local and national practices, for some of the questions. For example:

- 93% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG 84%, national 82%)

## Are services caring?

- 98% of respondents said the last GP they saw was good at explaining tests and treatments (CCG 88%, national 86%)
- 86% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG 86%, national 85%)
- 91% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG 91%, national 90%)

### **Patient and carer support to cope emotionally with care and treatment**

The practice maintained a carers' register and the patient electronic record system alerted clinicians if a patient was a carer. At the time of our inspection the practice had identified 45 carers, which equated to less than 1% of the practice population. It was discussed with the practice the low numbers of recorded carers and it was acknowledged that they would be more proactive in recording when a patient is a carer. All carers were offered a health check and

influenza vaccination. Additional support was provided either by the practice or signposted to other services as needed. Carers were encouraged to participate in the Carers Leeds yellow card scheme. (This card informs health professionals that the individual is a carer for another person and to take this into consideration should the carer become ill, have an accident or be admitted to hospital.)

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. At the time of our inspection there were eight patients on the palliative care register. We saw evidence of care planning to support end of life care. Staff told us that if families experienced the bereavement of a registered patient a condolence card was sent.

We saw there were notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations. There was also information available on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with NHS England and Leeds West CCG to identify and secure provision of any enhanced services or funding for improvements. For example, the practice participated in their locality 'hub' to provide access to seven day appointments with a GP. Services were provided to meet the needs of their patient population, which included:

- Home visits for patients who were frail, elderly or unable to attend the practice due to health reasons.
- Urgent access appointments for patients and children who were in need.
- Telephone consultations.
- Longer appointments as needed.
- Online services for ordering repeat prescriptions and booking appointments.
- Travel vaccinations which were available on the NHS.
- Interpretation and translation services.
- Promotion of and signposting to the Pharmacy First scheme (patients are encouraged to attend their local pharmacy for advice and medicines relating to minor illnesses, such as coughs, colds, earache and hay fever). Medicines to treat these conditions are available free of charge for those patients eligible for free prescriptions.
- The installation of Wi-Fi for patients to use whilst waiting in the reception area

The practice demonstrated a good understanding of their practice population and individual patient needs.

### Access to the service

The practice was open as follows:

Monday, Tuesday 7am to 7pm

Wednesday 8am to 8pm

Thursday, Friday 8am to 7pm

Appointments could be booked up to four weeks in advance and same day appointments were available for people that needed them. When the practice was closed out-of-hours services were provided by Local Care Direct, which could be accessed via the surgery telephone number or by calling the NHS 111 service.

In addition, the practice worked with a 'hub' of other local GP practices to provide weekend appointments. These were provided at Headingley Medical Centre, 1 Shire Oak Street, Leeds LS6 2AF (approximately three miles away) on Saturday and Sunday 8am to 4pm.

As a result of the seven day access, the practice could evidence that in the preceding 12 months there had been the following reductions:

- 8% reduction in accident and emergency attendance
- 21% in out of hours use
- 8% reduction in emergency admission

Data from the national GP patient survey showed respondents rated the practice highly with regard to access, comparable to other local and national practices. For example:

- 91% of respondents were fairly or very satisfied with the practice opening hours (CCG 83%, national 77%)
- 96% of respondents said they could get through easily to the surgery by phone (CCG 77%, national 73%)
- 100% of respondents said the last appointment they got was convenient (CCG 94%, national 92%)

Patients' comments on the day of inspection aligned with these responses. They told us they could get an appointment when needed and were happy regarding access to the practice.

### Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw evidence that complaints and concerns were discussed at the practice meetings.
- There was information displayed in the waiting area, in the practice leaflet and on the website, to help patients understand the complaints system.

There had been three complaints received in the last 12 months. There were no apparent themes to the complaints. We discussed the complaints and saw evidence they had all been satisfactorily handled in line with the practice complaints policy.

# 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 and strategy to deliver high quality, safe and effective care in response to the needs of patient within their community.

There was a statement of purpose submitted to the Care Quality Commission which clearly identified the practice values as being:

- To treat patients with dignity, respect and honesty.
- To act with integrity and confidentiality.
- To work in partnership with patients to protect and promote their overall health and wellbeing.
- To provide patients and staff with an environment which is safe and effective.

There was a mission statement displayed in the patient waiting areas, which stated they would “provide a high standard of medical practice and care”.

All staff knew and understood the practice vision and values. There was a strong patient-centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their enthusiasm and manner when speaking to them about the practice, patients and delivery of care.

### Governance arrangements

There were good governance processes in place which supported the delivery of good quality care and safety to patients. We saw evidence of:

- A good understanding of staff roles and responsibilities. Staff had lead key areas, such as safeguarding, prescribing, infection prevention and control and dealing with complaints and significant events.
- Practice specific policies were implemented and available to all staff via the computer.
- A comprehensive understanding of practice performance. Practice meetings were held where practice performance, significant events and complaints were discussed.
- A programme of clinical audit, which was used to monitor quality and drive improvements.
- Safe and effective arrangements for identifying, recording, managing and mitigating risks.

- Safe practices, which included keeping good documented records of checks made within the practice, such as DBS, locum recruitment, vaccine fridge temperatures, stock and equipment.
- Business continuity and comprehensive succession planning in place.

### Leadership and culture

There was a clear leadership structure in place and staff told us the partners were approachable and they felt respected, valued and empowered. Staff told us the practice promoted a supportive culture. We were informed by some staff of the support they had received from both the GPs and manager during periods of chronic ill health. In some instances additional equipment had been obtained to support staff in undertaking their role.

On the day of inspection the partners and managers 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. We saw evidence of:

- Clinical and non-clinical meetings being held.
- Comprehensive and detailed formal minutes for meetings, such as practice, multidisciplinary, palliative care and safeguarding.
- An all-inclusive team approach to providing services and care for patients.

We were informed there was a strong culture of openness and honesty. The practice was aware of, and had systems in place to ensure compliance with, the requirements of the duty of candour. When there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

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

The practice encouraged and valued feedback from patients and staff. Feedback was proactively sought from:

- Patients through day to day engagement with them.
- Members of the patient participation group (PPG). The PPG had previously been a virtual group. After practice promotion the group now consisted of 40 members and had dates to meet on a face to face basis.
- The NHS Friends and Family Test (FFT), complaints and compliments received.

# Are services well-led?

Good 

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

- We saw records which identified issues raised by patients and that had been actioned. For example, walking stick users had complained the entrance to the building was slippery. As a result of this feedback a non-slip mat had been put in place which had resolved the issue.
- Staff, through meetings, discussions and the appraisal process. Staff told us they would not hesitate to raise any concerns and felt involved and engaged within the practice to improve service delivery and outcomes for patients.
- They were part of a 'hub' of local practices within the CCG, to provide patient access to services seven days a week.
- They had implemented the CCG scheme to identify patients at high risk of developing diabetes, had developed a pre-diabetes register, and carried out regular monitoring and review of this group of patients.
- They had quarterly meetings with the wider team incorporating Craven Road Surgery and Holly Bank Medical Practice. There was evidence which showed they shared learning, best practice and promoted a 'whole team' approach to delivering care and services for patients within their communities.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. For example: