

# The Dekeyser Group 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	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 The Dekeyser Group Practice on 20 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Recruitment and induction policies were in place and were appropriately used. We saw that newly recruited staff did not complete a health assessment or have their immunisation status reviewed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Appointments with GPs were all booked on the day. In addition there were two duty doctors available each day to offer appointments or telephone triage to those patients with urgent needs. Patients told us that if they required an appointment with a named GP this could mean a longer wait to see the GP of their choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice hosted a range of other services such as physiotherapy, alcohol support services and ultrasound scanning services.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the practice should make improvements are:

- Provide all newly recruited staff with access to a pre-employment health assessment to include a review of their immunisation needs, in line with Public Health England guidelines.

- Develop systems to proactively identify those patients in residential and care homes who are subject to Deprivation of Liberty Safeguards (DOLS).

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Recruitment and induction policies were in place and were appropriately used. We saw that newly recruited staff did not complete a health assessment or have their immunisation status reviewed.
- We saw that the practice identified patients residing in residential and care homes who were subject to Deprivation of Liberty Safeguards (DOLS). However we saw that these were identified on an 'ad hoc' basis rather than a proactive approach.
- The practice layout was detailed in the entrance to the practice, giving guidance to patients about the situation of fire exits and disabled toilets.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



# Summary of findings

- Staff worked with other health care professionals to assess need, plan care and deliver treatment plans to improve outcomes for patients with more complex needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services was easy to understand and accessible. We saw that the waiting area contained a wide variety of patient information posters and leaflets to cover subjects relevant to all age groups.
- We saw staff treated patients with kindness and respect. Some patients told us conversations at the reception desk could be overheard. The practice told us they had provided seating for patients waiting to be seen at reception, to prevent queues forming directly behind the person speaking to the receptionist.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example they were participating in the National Diabetes Prevention Programme. This sought to identify pre-diabetic and type two diabetic patients and provide timely and relevant health promotion advice to this group of patients.
- Most patients said they found it easy to make an appointment with a GP. The practice offered all GP appointments on the day of booking only. Some patients told us this meant a longer wait to see the GP of their choice. Two duty doctors were available each day to provide telephone triage or offer face to face appointments for those with urgent need.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice hosted additional services such as physiotherapy, alcohol support services and ultrasound scanning services in house.

Good



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice had introduced long service awards for staff.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient reference group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Before the inspection we sought feedback from two residential homes for older people who had residents registered with the practice. They both told us they were happy with the service provided by the practice. They told us GPs visited their residents at home if required, and responded appropriately to staff and resident's concerns.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 84% of patients, with diabetes, on the register had a recorded foot examination completed in the preceding 12 months, compared to 88% locally and nationally.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### 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. Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 83% of eligible women had received cervical screening in the preceding five years compared to 79% locally and 82% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held quarterly meetings with representatives from social services and the health visitor to discuss children and families with additional needs.
- The practice hosted antenatal clinics provided by the midwife. Baby immunisation clinics were held weekly in house.
- The practice was nominated as a 'Young People Friendly' practice. A comprehensive display board in the waiting area provided relevant information leaflets and posters for this group of people.

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

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

- The needs of the working age population, those recently retired and students had been acknowledged. The practice had adjusted the services it offered to ensure these were accessible and flexible.
- The practice was open between 7am and 7pm Monday to Friday. Saturday morning appointments between 8am and 12 midday were available at a nearby practice as part of the locality' hub'.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group. We saw that 3,396 patients (20% of the practice population) had registered for online access.
- Text message reminders were sent giving details of forthcoming appointments.
- Patients were able to monitor their own height, weight and blood pressure through means of a 'health hub' in the waiting area of the practice. Results could be shared with staff, and any identified abnormalities followed up.

Good



## **People whose circumstances may make them vulnerable**

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 455 of their patients (3% of their practice population) as unpaid carers. A local voluntary carer's organisation, 'Carers Leeds' held a weekly drop in session at the practice. Patients could be signposted to the drop in session to receive information about additional support available to carers locally.
- A clinical care co-ordinator had been appointed to oversee those patients identified as being vulnerable to unplanned hospital admissions. These patients were contacted at regular intervals, as well as following hospital admission and discharge. Individualised care plans were developed and regularly updated.

## 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).

- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than local and national averages of 83% and 84% respectively.
- 92% of patients with schizophrenia or other psychoses had a recording of their alcohol consumption completed in the preceding 12 months which was higher than local and national averages of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



# Summary of findings

- The practice gave patients experiencing poor mental information about local and national support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. We saw that identification of patients who had Deprivation of Liberty Safeguards (DOLS) in place was 'ad hoc'. Following our feedback the practice told us they would contact local care and residential homes proactively to identify patients to whom this applied. (DOLS are restrictions on movement placed on patients in hospital or residential care homes. These are put in place when it has been determined that the person's safety could be compromised if they were allowed freedom of movement.) DOLS may apply for people suffering from dementia

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages in all respects other than access to the surgery by telephone. There were 245 survey forms distributed and 108 were returned. This represented 44% of the surveyed population, and less than 1% of the practice patient list as a whole. A sample of the results were:

- 42% of patients found it easy to get through to this practice by phone compared to the local average of 77% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 86% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the local average of 89% and the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 84% and the national average of 78%.

During the inspection we explored the patient feedback in respect to telephone access. The practice told us they had introduced a new telephone system in March 2016, which enabled patients to choose between different options and direct them to the most appropriate person.

Feedback from some patients who completed CQC comment cards before our inspection confirmed that the new telephone system had made telephone access easier.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were mostly all positive about the standard of care received. Almost all the cards contained very positive comments about the practice. Comments included 'good service, never fail to fit me in if I need help', 'great doctors' and 'A+ staff'.

Two comments alluded to the manner of some reception staff towards patients. We fed these comments back to the practice who told us they would review customer service training for reception staff.

We spoke with eight patients during the inspection, including three members of the Patient Reference Group (PRG). All these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The results of the most recent Friends and Family Test (FFT) in September 2016 showed that of 101 respondents, 85% were likely or extremely likely to recommend the practice to friends and family. The FFT is a feedback tool which asks people if they would recommend the services they have used to their friends and family.

## Areas for improvement

### Action the service SHOULD take to improve

- Provide all newly recruited staff with access to a pre-employment health assessment to include a review of their immunisation needs, in line with Public Health England guidelines.
- Develop systems to proactively identify those patients in residential and care homes who are subject to Deprivation of Liberty Safeguards (DOLS).

# The Dekeyser Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience. Experts by Experience are independent individuals who have experience of using GP services.

### Background to The Dekeyser Group Practice

The Dekeyser Group Practice is situated in Fountain Medical Centre, Morley, Leeds LS27 9EN. It is housed in a modern purpose built two storey building. Car parking is available on site. The practice is accessible by public transport and has disabled access. There are currently 17,064 patients on the practice list. Public Health England General Practice Profiles shows the majority of the practice population are of white British origin, with approximately 3% Asian and 1% other non-white ethnic groups. The practice provides Personal Medical Services (PMS) under a locally agreed contract with NHS England. They offer a range of enhanced services; including childhood vaccinations and immunisations, enhanced diagnosis and support for people with dementia, online patient access and minor surgery.

The practice has six GP partners, four male and two female. There are four salaried GPs, all of whom are female. The clinical team also includes two female advanced nurse practitioners (ANPs), one female nurse specialist practitioner and two female practice nurses. In addition there is a male minor illness practitioner and four female

clinical support workers. Support is given to the clinical team by a practice manager, business manager, ICT and QOF manager and a premises manager, as well as a range of administrative and reception staff.

The practice catchment area is classed as being in the fifth most deprived decile in England. The practice demographic profile is in line with England averages. The average life expectancy of patients in the practice is 78 years for men and 83 years for women (local average 78 years and 82 years respectively, national average 79 years and 83 years respectively).

The practice is open between 7am and 7pm Monday to Friday. The practice holds regular clinics which include asthma, diabetes, coronary heart disease and childhood vaccinations and immunisations. Saturday morning clinics are available between 8am and 12 midday at a nearby surgery as part of the locality 'hub'.

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

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholder, such as NHS England and Leeds West Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided both before and during the inspection. We also reviewed the latest available data from the Quality and Outcomes Framework (QOF), national GP patient survey and NHS Friends and Family Test (FFT). In addition we contacted two residential homes for older people, for their feedback.

We visited the practice on 20 October 2016. During our visit we

- Spoke with a range of staff which included three GPs, one advanced nurse practitioner, the practice manager, business manager, QOF and ICT manager and practice manager administrative support.
- In addition we spoke with eight patients, including three members of the patient reference group (PRG)
- We observed communication and interaction between staff and patients, both face to face and on the telephone.
- We reviewed an anonymised sample of the personal care or treatment records of patients
- We reviewed meetings from minutes where complaints, significant incidents and medical alert updates were discussed.

- We reviewed comment cards where patients and members of the public shared their views and experience of the service.
- We reviewed 21 question sheets which had been completed by a range of administrative, secretarial and reception staff before our visit.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and developed action plans to prevent their recurrence.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a hospital consultant letter had been received requesting a change to an inhaler for a patient with chronic obstructive pulmonary disorder (COPD). The medicine in question was not updated by the GP in a timely way. As a result the practice shared learning with all GPs to ensure that clinic letters from hospital consultants were carefully read and action taken in a timely manner. In addition a meeting was arranged to ensure that updated guidance for inhaler prescribing was disseminated to all clinical staff. (COPD is a term used to refer to a range of non-reversible lung disorders which impair normal breathing).

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs liaised with health visitors and social workers as necessary, and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Nurses were trained to level two and other staff to level one. We saw that some patients had been identified as having DOLS in place. However we saw that identification of these patients was 'ad hoc'. Following our feedback the practice told us they would contact all local nursing and residential homes to ensure they had a complete record of patients who had DOLS in place. (DOLS are restrictions on movement placed on patients in hospital or residential care homes. These are put in place when it has been determined that the person's safety could be compromised if they were allowed freedom of movement.) DOLS may apply for people suffering from dementia

- Notices in clinical areas advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw that, when staff had acted as chaperones they recorded their presence in the patient's medical record.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the Advanced Nurse Practitioners (ANPs) was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example it had been noted that some areas in clinical rooms were

## Are services safe?

dusty. As a result the issue was raised with the cleaning company who amended their cleaning regimes accordingly. During our visit we noted the clinical and patient areas to be free from dust.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were appropriate (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of a local CCG pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The ANPs had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. 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 and administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Clinical Support Workers (health care assistants) were trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber. PSDs are written instructions, signed by a doctor; dentist or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We reviewed ten personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw that health assessments, to include a review of immunisation status were not carried out on newly recruited staff. This is recommended by Public Health England 'Green Book' – "immunisation against infectious diseases". Following our feedback the practice told us they would review their processes and adopt this practice.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a voluntary system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 94% of the total number of points available, with 8% exception reporting. CCG average is 95% with 9% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, patients are unable to attend a review meeting, or where certain medicines cannot be prescribed due to side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to local and national averages. For example 79% of patients with diabetes on the register had a blood pressure reading which was within normal limits recorded within the preceding 12 months compared to the local and national average of 78%.
- Performance for mental health related indicators was similar to local and national averages. For example 91% of patients with schizophrenia or other psychoses had a comprehensive agreed care plan completed in the preceding 12 months compared to 88% locally and 89% nationally.
- A clinical care co-ordinator had been appointed to oversee those patients identified as being vulnerable to

unplanned hospital admissions. These patients were contacted at regular intervals, as well as following hospital admission and discharge. Individualised care plans were developed and regularly updated.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. They benchmarked against local practices through the 'Practice MOT' document, which compared data such as accident and emergency attendance, referral rates and elective admissions across the practices in Leeds West CCG.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing the prescribing patterns of Ticagrelor, a medicine used to treat acute coronary syndrome (ACS), to ensure that the medicine was not prescribed beyond the time scales recommended by NICE. ACS is a term used for various heart conditions, including heart attack and unstable angina. These conditions occur due to a reduced amount of blood flowing to part of the heart. As a result of the review the number of patients not receiving the medicine beyond recommended timescales reduced, and the practice were continuing to monitor and improve on this.

Information about patients' outcomes was used to make improvements such as standardising follow up procedures for women diagnosed with gestational diabetes after the birth of their baby. (Gestational diabetes is high blood sugar which develops during pregnancy, and usually disappears after giving birth).

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw

# Are services effective?

## (for example, treatment is effective)

that newly recruited staff did not complete a health assessment or review of immunisation status. The practice told us they would review their processes in relation to this.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, personal development plans, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal and personal development plan within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and protected learning time training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice was part of a locality 'hub' with six other local practices. This group of practices were able to analyse and understand local need, and plan services in collaboration to meet these needs.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a bi-monthly or quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Smoking cessation services were available locally. Alcohol support services were hosted in-house by the practice and provided by a local service.
- The practice was nominated as a 'Young People Friendly' practice. A comprehensive display board in the waiting area provided relevant information leaflets and posters for this group of people.

# Are services effective?

(for example, treatment is effective)

- Patients were able to monitor their own height, weight and blood pressure through means of a 'health hub' in the waiting area of the practice. Results could be shared with staff, and any identified abnormalities followed up.

The practice's uptake for the cervical screening programme was 83%, which was higher than the local average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 73% to 96%. (National average is 96% and 92% respectively).

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

# Are services caring?

## Our findings

### Our findings

#### Kindness, dignity, respect and compassion

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

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

Almost all of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

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

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- In line with the national mandate the provider was aware of the 'Accessible Information Standard' and made adjustments accordingly.
- Staff told us that telephone interpreter and translation services were available for patients who did not have English as a first language.
- Staff told us that information leaflets could be printed in larger font for those patients who had visual impairment.

## Are services caring?

- Patient information on notice boards was not printed in a standardised, easy to read format. Following our feedback at inspection, the practice said they would review this.
- A hearing loop was available for patients whose hearing was impaired.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 455 patients as

carers (3% of the practice list). Staff told us carers were offered an annual health review and seasonal flu vaccination. Written information was available to direct carers to the various avenues of support available to them. A local voluntary carers' group 'Carers Leeds' hosted a weekly drop in session at the practice, where patients were able to access information with regards to support available to them locally and nationally.

Staff told us that if families had experienced bereavement the practice made contact if appropriate and offered additional support or signposted patients to relevant support services. Alerts were placed on family member's notes to ensure that staff were aware should they contact the surgery for any other reason.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds West Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was part of a locality 'hub' of seven practices which provided access to appointments on Saturday morning between 8am and 12 midday. Plans were in place to extend these opening times.

- All GP appointments were book on the day, either in person, by telephone or online. Appointments for the following day were released for online booking at 7pm the evening before.
- Two duty doctors were available each day. These were able to offer urgent appointments, face to face or by telephone triage, for patients who required these.
- Longer appointments were available when required.
- In the most recently published national GP patient survey 86% of surveyed patients said they were able to get an appointment to see or speak with someone the last time they tried (CCG average 86%, national average 85%).
- Home visits were available for housebound or very sick patients.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice was housed in a two storey building. Patient consulting rooms were situated on both the ground floor and the first floor. Lift access was available, and the building was able to accommodate those patients who used a wheelchair.

### Access to the service

The practice was open between 7am and 7pm Monday to Friday. Appointments were also available on Saturday between 8am and 12 midday at a nearby practice through the locality 'hub'. Nurse appointments could be booked up to four weeks in advance. All GP appointments were bookable on the day only.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment, other than by accessing the surgery by telephone, was comparable to local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and the national average of 76%.
- 42% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

We explored the low patient satisfaction with telephone access to the practice during our inspection. The practice told us they had introduced a new telephone system in March 2016. This system gave patients different options to select, to ensure they were directed to the most appropriate person. Some comments we received on the comment cards confirmed that the new telephone system had improved access. The practice had developed their own patient satisfaction questionnaire, in conjunction with the PRG to monitor and assess patient feedback.

People told us on the day of the inspection that they were able to get appointments when they needed them, although some patients still expressed frustration at the telephone system.

### Listening and learning from concerns and complaints

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

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

The practice had received 35 complaints in the preceding year. We looked at these and saw they had been appropriately handled and, dealt with in a timely way, with openness and transparency. Lessons were learned from concerns and complaints and action taken to improve the quality of care. For example a complaint had been received on behalf of a hard of hearing patient who was unable to accept a GP call back for an appointment. The practice checked and noted that the patient notes directed staff to book an appointment on demand, rather than suggesting a

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

GP call back, for this patient. As a result reception staff were reminded to access the patient record in full when booking appointments. This would ensure that any relevant notes or alerts were acknowledged and acted upon.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was to provide patients with an integrated, comprehensive and high quality primary care service.
- Staff demonstrated they understood the ethos and values of the practice, and their responsibilities in relation to these.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners and management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held weekly clinical meetings and monthly staff meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The practice held 'away days' intermittently to enable partners and senior management to develop practice strategies and long term planning.
- Staff said they felt respected, valued and supported, by the GPs and management team in the practice. All staff were able to make suggestions, at staff meetings, or informally on developing and running the practice.
- Staff were recognised for long service by gaining additional annual leave days at four, six and eight years' service respectively. Award ceremonies, certificates and gift vouchers were presented to staff after 10 and 15 years' service. We saw staff recognition boards giving details of awards received by staff.
- Staff were able to have time off work around Christmas time to enable them to do Christmas shopping.

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

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

- The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, as a result of their feedback the practice had provided seating for

# Are services well-led?

Good 

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

patients queuing to access the reception desk, to enhance patients' privacy. Additionally the practice had responded to patient concerns about access to the car park which was adjacent to a school and was being used by parents collecting their children from school. The practice contacted the school who advised parents of school children not to park in the surgery car park.

- The practice had gathered feedback from staff through annual staff surveys, staff meetings, appraisals and informally on a one to one basis. Staff told us they felt able to make comments or suggestions, and they felt involved in how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff gave us examples of where staff had enhanced and developed their roles. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They had appointed a practice pharmacist who was due to begin working with the practice in January 2017, to help in dealing with medicines queries and provide further support to care homes. In November 2016 they were planning to introduce a scheme to provide food vouchers which could be completed by clinicians for those in need to take to a food bank for provision of essential food and household items.