

# Drs Pearson, Frost and Hall

## 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 Foundry Lane Surgery on 12 January 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:

- There was an open and transparent approach to safety and an effective system was in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice held a register of the 2% of patients who were vulnerable or housebound and at risk of an unplanned hospital admission.

• The practice was in the process of signing up to the Year of Care Initiative. This initiative was aimed at encouraging patients with long term conditions to understand their condition and select their own personal health and lifestyle targets.

- The practice had a process in place to follow up patients who had attended accident and emergency (A&E) and those patients who had unplanned hospital admission.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff were supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice:

- The practice were leading on work with the Seacroft Health Improvement Group looking at a new package of care on hospital discharge in order to reduce re-admission.

# Summary of findings

- The practice had introduced a system of home blood pressure monitoring systems for patients. This enabled the patient to carry out tests at home, which helped to reduce the stress of undertaking tests in a clinical environment, and supported management of self-care.

**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.

Good

- Risks to patients were assessed and well managed.
- There was a system in place for reporting and recording significant events.
- The practice could evidence participation in a Root Cause Analysis led by the local infection control team following a MRSA incident. MRSA is a type of bacteria that is resistant to a number of widely used antibiotics.
- There was a nominated GP lead for safeguarding children and female genital mutilation.
- The practice had a separate GP lead for safeguarding adults.
- Systems, processes and practices were in place to keep patients and staff safeguarded from abuse.
- There were processes in place for safe medicines management, which included emergency medicines.
- The practice was clean and infection prevention and control (IPC) audits were carried out.

### Are services effective?

The practice is rated as good for providing effective services.

Good

- Data from the Quality and Outcomes Framework showed the practice was performing above both local and national averages for patient outcomes in the majority of areas. Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had a task system to follow up on any clinical recommendations to patients. For example, if a patient is deemed unfit to drive through alcohol dependency or epilepsy, the practice would contact the DVLA if a medical report was not requested from them after several weeks.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs, for example, the community matron, social services and the local pharmacy.

# Summary of findings

- The practice had developed templates to standardise annual reviews. These incorporated links to guidance and referral forms for other providers such as secondary care.
- The practice used Leeds Heath Pathways and the Map of Medicine to ensure current referral pathways were used.
- The practice considered NICE guidance to assess and manage patients in line with current best practice.
- The practice had a system in place to ensure appointment details were recorded following urgent two week wait referrals.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP patient survey showed that patients rated the practice better than the local and national average. Patients we spoke with and comments we received were positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. However patients said they had difficulties accessing appointments.
- All staff within the practice had received equality and diversity training.
- Information for patients about the services available was easy to understand and accessible.
- We observed a patient-centred culture and that staff treated patients with kindness, dignity, respect and compassion.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds North Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was in the process of signing up to the Year of Care Initiative. This initiative was aimed at encouraging patients with long term conditions to understand their condition and select their own personal health and lifestyle targets.
- National GP patient survey responses and patients we spoke with said they found it easy to make an appointment.
- All urgent care patients were seen on the same day as requested.

# Summary of findings

- The practice had identified a low uptake of bowel screening and as a result joined the bowel screening champion initiative with the Leeds North CCG. This looked at training staff to promote and encourage screening.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were governance arrangements which included monitoring and improving quality, identification of risk, policies and procedures to minimise risk and support delivery of quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour. This is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. The partners encouraged a culture of openness and honesty.
- There were systems in place for being aware of notifiable safety incidents and sharing information with staff to ensure appropriate action was taken
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient reference group.

Staff informed us they felt very supported by the GPs and practice manager.

# 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.

Good



- The practice provided proactive, responsive and personalised care to meet the needs of the older people in its population. Home visits and urgent appointments were available for those patients with enhanced needs.
- The practice held bi-monthly meetings with the district nurses, community matron and palliative care nurse.
- The practice worked closely with other health and social care professionals, such as the district nursing team and community matron to reduce hospitalisation for these patients.
- The practice had a register of the 2% of patients who were vulnerable or housebound and at risk of an unplanned hospital admission, of which 50% were aged 75 years and over.
- The practice were involved in the carers project, signposting carers of those over the age of 60 to support services, for example; social services and South Seacroft Friends and Neighbours.
- The practice were aware of the issues faced by older people and had a dedicated lead for safeguarding adults.
- The practice manager was leading on work with the Seacroft Health Improvement Group looking at a new package of care on hospital discharge to reduce re-admission.

### People with long term conditions

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

Good



- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients who required palliative care were provided with support and care as needed, in conjunction with other health care professionals.
- The practice had designed chronic disease templates to support assessment and care.

# Summary of findings

- The practice had introduced a system of home blood pressure monitoring systems for patients. This enabled the patient to carry out tests at home, which helped to reduce the stress of undertaking tests in a clinical environment, and supported management of self-care.
- The practice was in the process of signing up to the Year of Care Initiative. This initiative was aimed at encouraging patients with long term conditions to understand their condition and select their own personal health and lifestyle targets.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good 

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- The practice hosted Community Midwife clinics three days each week and a drop in baby clinic twice a week.
- The practice worked with health visitors and school nurses to support the needs of this population group, for example, ante-natal, post-natal and child health surveillance clinics.
- Sexual health and contraceptive and cervical screening services were provided at the practice.

## 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).

Good 

- 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 offered online services as well as a full range of health promotion and screening that reflected the needs for this age group, for example, cervical screening, NHS health checks for patients between the ages of 40 and 74.

# Summary of findings

- The practice produced a regular newsletter providing details of activities, events and courses.
- The practice offered a range of appointments such as book on the day, book in advance and telephone consultations.

## 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



- The practice held a register of patients living in vulnerable circumstances and regularly worked with multidisciplinary teams in the case management of this population group.
- Information was provided on how to access various local support groups and voluntary organisations.
- Longer appointments were available for patients as needed.
- 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.
- The practice referred to drug and alcohol clinics as appropriate to ensure patients were getting the support they needed and offer intervention.
- Domestic violence signposting was displayed in consulting rooms, with information also being available in the toilets for patients to take away with them.
- The practice had a good relationship with the co-located One Stop Centre and directed patients for support with issues such as homelessness and benefits problems.

## 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).

Good



- 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, such as Carers Leeds.
- The practice carried out mental health reviews which included physical health and lifestyle.
- The practice carried out dementia screening on patients at risk of developing dementia.

# Summary of findings

- The practice had produced an information sheet which directed patients to local resources. Patients were also referred through the single point of access for community mental health service.
- The practice were in negotiations with Forward Leeds to reinstate an in-house worker for people with alcohol dependency problems and this was scheduled to be in place by early 2016.

# Summary of findings

## What people who use the service say

The national GP patient survey results published January 2016 showed the practice was performing in line with local and national averages. There were 411 survey forms distributed and 103 were returned. This was a response rate of 25% which represented less than 2% of the practice's patient list.

- 92% said they found the receptionists at this surgery helpful (CCG 89% average, national average 87%)
- 90% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).
- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received

88 comment cards, 82 of these were positive, many using the word 'excellent' to describe the service and care they had received. Six cards contained negative comments regarding accessing appointments. However, the patients we spoke with on the day told us they could access an appointment when they needed one and the results of the national patient survey indicated 88% of patients could get an appointment to see or speak to someone the last time they tried, this was in line with local average and above national average.

During the inspection we spoke with three patients, all were positive about the practice. Two of the patients were also members of the patient reference group and they informed us how the practice engaged with them. Their views and comments were also positive.

## Outstanding practice

- The practice were leading on work with the Seacroft Health Improvement Group looking at a new package of care on hospital discharge in order to reduce re-admission.
- The practice had introduced a system of home blood pressure monitoring systems for patients. This enabled

the patient to carry out tests at home, which helped to reduce the stress of undertaking tests in a clinical environment, and supported management of self-care.

# Drs Pearson, Frost and Hall

## 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 advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

The practice is a training practice both for medical students and GP registrars (doctors specialising in becoming a GP). At the time of our inspection there was a GP registrar working at the practice.

The practice is open from 8.30am to 6pm Monday to Friday, with a range of appointments available from 8.30am to 5.30am. Patients can book appointments on the day and can also book appointments up to six weeks in advance.

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.

Personal Medical Services (PMS) are provided under a contract with NHS England.

### Background to Drs Pearson, Frost and Hall

The practice is located in one of the most deprived areas of Leeds. It has a patient list size of approximately 6467 with a higher than national average of patients who are under the age of 34.

The practice is located in a two storey purpose built building and all clinical services are provided from the ground floor. The practice is accessible for wheelchairs and has toilets suitable for disabled people.

The practice has good working relationships with local health, social and third sector services to support provision of care for its patients, some of which are co-located in the building. For example; the South Seacroft One Stop Centre. This offered a number of services such as the Jobshop, pharmacy and benefits advice.

The service is provided by three GP partners (two male and one female) and three salaried GPs. The GPs are supported by two practice nurses and a health care assistant. The clinical staff are supported by a practice manager and experienced team of administrative and secretarial staff.

### Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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.

### How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations,

# Detailed findings

such as NHS England and Leeds North Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (January 2016). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We received 88 comments cards, the vast majority of these were positive, many using the word 'excellent' to describe the service and care they had received. Six cards contained negative comments regarding accessing appointments. However, the patients we spoke with on the day told us they could access an appointment when they needed one and the results of the national patient survey indicated 88% of patients could get an appointment to see or speak to someone the last time they tried, this was in line with local average and above national average.

We carried out an announced inspection on 12 January 2016. During our visit we:

- Spoke with a range of staff, which included GP partners, a GP registrar, a practice nurse and two members of the reception team.
- Spoke with three patients who were positive about the practice. Two of the patients we spoke with were also members of the patient reference group; they informed us how well the practice engaged with them.
- Reviewed comment cards where patients and members of the public shared their views. The majority of comments received were positive about the staff and the service they received, however six cards contained negative comments regarding accessing appointments.

- Observed in the reception area how patients/carers/ family members were being treated and communicated with.
- 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?

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 and recording significant events.

- The practice used an electronic system to report incidents and significant events.
- Incidents were shared with Leeds North Clinical Commissioning Group (CCG) to enable themes to be identified across the locality.
- The reception and administrative staff we spoke with told us they would inform the practice manager if any incidents occurred and any incidents would then be reported onto the electronic system.
- Lessons learned were shared with all staff during in-house protected learning time.

The practice had reported 42 incidents in the last 12 months and we were able to review lessons learned and action taken as a result of these.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a staff member had entered a home visit into the book for patient with chest pain but did not inform the GP. The visit was carried out as the GP checked the book. As a result of the incident the practice produced a poster to remind staff when entering home visits a GP must be informed.

The practice could evidence participation in a Root Cause Analysis led by the local infection control team following a MRSA incident. MRSA is a type of bacteria that is resistant to a number of widely used antibiotics.

We saw evidence of repeat prescribing audits following MHRA alerts to ensure these were actioned through the clinical system.

When there were unintended or unexpected safety incidents, we were informed patients received appropriate support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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.

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a nominated GP lead for safeguarding children and female genital mutilation.
- The practice had a separate GP lead for safeguarding adults.
- GPs were trained to child protection or child safeguarding level 3.
- Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room and consultation rooms, 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. A note was recorded in the patient's records when a chaperone had been in attendance.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However we saw some areas that required maintenance. For example, there were cracks around some of the sinks and some of the floors in the consultation rooms required sealing. We saw up to date cleaning schedules in place. A practice nurse was the infection prevention and control (IPC) 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.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. However, the vaccination fridge was not hardwired as recommended by Public Health England.

# Are services safe?

Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patient Group Directions, in line with legislation, had been adopted by the practice to allow nurses to administer medicines. The practice also had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken, for example proof of identification, qualifications, references and DBS checks.

## 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. The practice had up to date fire risk assessments and carried out regular fire drills. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

Clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order. However, we were unable to review certification to

confirm that Portable Appliance Testing (PAT) had been carried out on electrical equipment. We received confirmation from the practice following our inspection that this had been carried out.

There were arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure there was enough staff on duty.

## 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.
- A training matrix showed all staff were up to date with basic life support training.
- There was emergency equipment available, such as a defibrillator and oxygen. 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 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results (2014/15) were 96% of the total number of points available, with 4% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Data showed:

- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record in the preceding 12 months, this was above the CCG (90%) and national (89%) average.
- 100% of patient aged 18 or over with a new diagnosis of depression in the preceding 12 months had been appropriately reviewed. This was above the CCG (85%) and national (84%) average.
- 93% of patients with diabetes had received a foot examination and a risk classification for potential problems, compared to 87% locally and 89% nationally.

The practice had developed templates to standardise annual reviews. These incorporated links to guidance and referral forms for other providers such as secondary care.

Leeds Heath Pathways and the Map of Medicine were used to ensure current referral pathways were used.

The practice had a system in place to ensure appointment details were recorded following urgent two week wait referrals.

The practice had a task system to follow up on any clinical recommendations to patients. For example; if a patient is deemed unfit to drive through alcohol or epilepsy. The practice would contact the DVLA as a medical report was not requested from them after several weeks.

Clinical audits demonstrated quality improvement:

- The practice actively audited its clinical work and we were able to review two completed clinical audits which had been completed in the last 12 month. The audits identified where improvements had been implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

### Effective staffing

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

- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics. Staff were also supported to attend role specific training and updates, for example long term conditions management.
- Individual training and development needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to in house and external training and e-learning. All staff had received an appraisal in the previous 12 months.
- Staff told us they were supported by the practice to undertake any training and development.

### Coordinating patient care and information sharing

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

# Are services effective?

## (for example, treatment is effective)

and their intranet system. This included risk assessments, care plans, medical records, investigation and test results. Information such as NHS patient information leaflets were also available.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice could evidence how they followed up patients who had attended accident and emergency (A&E), or who had an unplanned hospital admission. Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission.

The practice used the Leeds Care Record to ensure information regarding health and social care was easily accessible.

### 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. This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them 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 and may have required additional support

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Due to a low uptake of bowel screening the practice had joined the bowel screening champion initiative with the CCG and had seen an increase in bowel cancer screening rates from a low baseline to 16 patients.

There was a high level of smoking, drinking and obesity in the area and the practice had responded to this by offering in-house smoking advice. The practice also utilised the Leeds Lets Change Health resource which offered weight management services and discounted exercise at local sports centres.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. In addition, health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

The practice utilised the patient information boards, which were located in the reception area, and this contained details of how to complain, how to request a chaperone and details of other services.

# 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.
- Curtains 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.

Data from the January 2016 national GP patient survey showed the practice were rated better the local CCG and national average to the majority of questions regarding how they were treated. For example:

- 97% said the GP was good at listening to them (CCG average 91%, national average 89%).
- 94% said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 99% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 84.7% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

The vast majority of comment cards we received were positive, many using the word 'excellent' to describe the service and care they had received.

During the inspection we spoke with three patients, all were positive about the practice. Two of the patients were also members of the patient reference group and they informed us how the practice engaged with them. Their views and comments were also positive.

### 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 on the comment cards we received was also positive and aligned with these views.

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

- 94% said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%)
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

The practice was in the process of signing up to the Year of Care Initiative. This initiative was aimed at encouraging patients with long term conditions to understand their condition and select their own personal health and lifestyle targets.

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

We saw there were a range of notices displayed in the patient waiting area informing patients how to access a number of support groups and organisations.

The practice had a carers' register and those patients had an alert on their electronic record to notify staff. Carers were offered health checks, influenza vaccinations and signposted to local carers' support groups. There was also written information available to direct carers to various avenues of support.

We were informed that if a patient had experienced a recent bereavement, they would be contacted and support offered as needed.

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

## Our findings

### Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Leeds North Clinical Commissioning Group (CCG) to review the needs of its local population and to secure improvements to services were these were identified.

- Additional services were provided at the practice for registered patients and those who were referred from other practices, for example; minor surgery and joint injections.
- There were longer appointments available for people with a learning disability.
- A GP partner at the practice provided flexible surgeries at different times during the day to meet patient demand.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- Interpretation services were available for patients who did not have English as a first language.
- The practice knew their patients well and were able to book suitable appointment times in order to ensure each patient had adequate time to address their health needs.
- The Health Care Assistant at the practice offered in-house smoking cessation advice.
- The practice had worked with the University of Leeds on an eye health project focusing on people in deprived areas.
- Sexual health and contraceptive and cervical screening services were provided at the practice.
- The practice offered HIV and Hepatitis screening for all registered patients.
- The practice were involved in the Seacroft Health and Well Being Partnership which looked at a number of objectives to improve health and well being in the area and reduce hospital readmission rates through a new package of care on discharge. This included supporting patients to live healthier lives through healthy eating and exercise.
- The practice offered anticipatory medication (a small supply of medication for patients to keep at home for

use when needed) for patients with advanced Chronic Obstructive Pulmonary Disease (COPD). COPD is the name for a collection of lung diseases which cause difficulty breathing.

- The practice had introduced a system of home blood pressure monitoring systems for patients. This enabled the patient to carry out tests at home, which helped to reduce the stress of undertaking tests in a clinical environment, and supported management of self-care.
- The practice had a drop in clinic for vaccinations and baby clinics where patients could see the GP, practice nurse or health visitor.

### Access to the service

The practice was open from 8.30am to 6pm Monday to Friday, with a range of appointments available from 8.30am to 5.30am. Patients could book appointments on the day and could also book appointments up to six weeks in advance.

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.

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

- 89% of patients were satisfied with the practice's opening hours (CCG average 74%, national average 75%).
- 74% of patients said they found it easy to get through to the surgery by phone (CCG average 79%, national average 73%)
- 64% of patients said they usually get to see their preferred GP (CCG average 60%, national average 59%).

Patients we spoke with on the day of inspection told us they were able to get appointments when they needed them, generally with the GP of their choice.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- There was information displayed in the waiting area to help patients understand the complaints system. The practice had also produced a booklet to support patients when making a complaint.
- There was a designated responsible person who handled all complaints in the practice.
- All complaints and concerns were discussed at the practice meeting and also raised with staff as appropriate.
- The practice kept a register for all written complaints. There had been 2 complaints received in the last 12 months. We found they had been satisfactorily handled and had identified any actions. Lessons were learnt and action was taken to improve quality of care as a result.

# Are services well-led?

(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. There was a mission statement in place which identified the practice values. All the staff we spoke with knew and understood the practice vision and values. There was a robust strategy and supporting business plans in place which were regularly monitored.

At the time of our inspection the practice were in discussions about recruitment of a new practice manager to replace the existing practice manager upon retirement in September 2016. A GP partner was also due to retire and a salaried GP has been identified to take over the partnership role.

### Governance arrangements

The practice had good governance processes in place which supported the delivery of good quality care and safety to patients. This ensured that there were:

- A clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and available to all staff
- A comprehensive understanding of practice performance
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements
- Effective arrangements for identifying, recording and managing risks
- Priority in providing high quality care

### Leadership and culture

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The provision of safe, high quality and compassionate care was a priority for the practice.

The three GP partners at the practice had been working together for 18 years and the nursing and administrative staff were also long standing members of the team.

The provider was aware of and complied with the requirements of the Duty of Candour. Duty of Candour means health care professionals must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm. There was a culture of openness and honesty in the practice. There were systems in place for being aware of notifiable safety incidents. We were informed that when there were unexpected or unintended safety incidents, patients affected were given reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place. Staff told us the GPs and practice manager were visible, approachable and took the time to listen. Systems were in place to encourage and support staff to identify opportunities to improve service delivery and raise concerns. Regular meetings were held where staff had the opportunity to raise any issues, staff told us felt confident in doing so and were supported if they did. Staff said they felt respected, valued and appreciated.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients through the patient reference group (PRG), patient surveys, the NHS Friend and Family Test, complaints and compliments received.

The PRG had regular face to face meetings; they were engaged with the practice and made recommendations, which were acted upon. For example, the group had worked with the practice to improve disabled access in the car park. As a result the disabled parking spaces had been remarked so they were easily identifiable. Double yellow lines had also been marked to improve access for any ambulance requiring access to the surgery.

The practice also gathered feedback from staff through meetings, discussion and the appraisal process. Staff told us they felt involved and engaged in the practice to improve service delivery and outcomes for patients.

### 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

## Are services well-led?

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

schemes to improve outcomes for patients in the area. For example, the practice were involved in the Seacroft Health and Well Being Partnership which looked at a number of objectives to improve health and well being in the area.