

Gibson Lane Practice

Quality Report

Gibson Lane
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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

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 8 |
| What people who use the service say | 12 |

Detailed findings from this inspection

| | |
|------------------------------------|----|
| Our inspection team | 13 |
| Background to Gibson Lane Practice | 13 |
| Why we carried out this inspection | 13 |
| How we carried out this inspection | 13 |
| Detailed findings | 16 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gibson Lane Practice on 2 August 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 a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs were accessible and supportive. There was evidence of an all-inclusive team approach for providing services and care for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients' needs were assessed and care was planned and delivered following local and national care pathways and National Institute for Health and Care Excellence (NICE) guidance.
- Patients had good access to appointments over three locations, which included extended hours early morning, in an evening and on Saturdays. There was continuity of care and if urgent care was needed patients were seen on the same day as requested.
- Information regarding the services provided by the practice and how to make a complaint was readily available for patients.
- The practice sought views on how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and engagement with patients and their local community. They were leading on a locality wide patient participation group with regard to the delivery of enhanced services such as patient liaison, extended access and healthy lifestyle support.
- There were safe and effective systems in place, which included the management of medicines, patient care and safeguarding.
- The practice had an organised and effective approach to infection prevention and control which was in line with recommended guidance. This was evidenced in their policies, audits and training of staff.
- The practice promoted a culture of openness and honesty. There was a nominated lead for dealing with

Summary of findings

significant events. All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.

- The practice complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Risks to patients were assessed and well managed.
- There were systems in place for reporting and recording significant events and near misses. There was a nominated lead who ensured all incidents were recorded on the electronic reporting system and could evidence a very organised approach. There was evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- There was a nominated lead for safeguarding children and adults. Systems were in place to keep patients and staff safeguarded from abuse. We saw there was safeguarding information and contact details available for staff.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control (IPC), who demonstrated an organised and knowledgeable approach with respect to IPC guidance. They undertook regular IPC audits, raised awareness and ensured staff were up to date with training.
- The practice employed a pharmacist to support safe prescribing and medicines management.

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 local and national averages.
- The practice could evidence they were the second lowest within Leeds South and East Clinical Commissioning Group (CCG) practices, for accident and emergency (A&E) attendances (27% below), for the period April 2015 to March 2016. We were informed how patients were supported to avoid an unplanned hospital admission and also how 'frequent attenders' to A&E were followed up.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.
- The practice could evidence high uptake rates for cancer screening, such as cervical, breast and bowel; which at 67% was the highest in the CCG (average 54%).

Good



Summary of findings

- The practice were supported by a pharmacist twice a week, to ensure effective and appropriate prescribing was undertaken. This could be evidenced as Gibson Lane Practice was one of the few practices in the CCG who had achieved a prescribing budget underspend.
- There was evidence of working with other health and social care professionals, such as the community matron and palliative care team, to meet the range and complexity of patients' needs.
- End of life care was delivered in a compassionate and coordinated way.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with local pathways and national guidance. We saw examples where clinicians used the latest NICE guidance when managing the care of patients.
- All staff received annual appraisals and had up to date training.
- We saw evidence of clinical audits which could demonstrate quality improvement.

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 comparable to other practices for the majority of questions regarding the provision of care. Comments we received from patients on the day of inspection were positive about staff and their care.
- We observed that staff treated patients with kindness, dignity, respect and compassion.
- Clinical and administrative staff demonstrated a commitment to providing good care for their patients.
- Carers were identified and support provided as needed.
- There was a variety of health information available for patients, relevant to the practice population, in formats they could understand.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked with Leeds South and East Clinical Commissioning Group (CCG) and other local practices to review the services provided, based on the needs of their population.

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. There was a well-developed website which was easy to navigate and provided health information and links to other relevant organisations.
- Patients had access to appointments and services over three locations. Pre-bookable, same day and online appointments were offered. They also provided extended hours appointments early morning, evening and on Saturdays, telephone consultations and text message reminders.
- All patients requiring urgent care were seen on the same day as requested.
- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients or those with complex conditions.
- National GP patient survey responses regarding access were variable. For example, 60% of respondents said they could easily get through to the practice by telephone and 96% said the last appointment they got was convenient.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.

Are services well-led?

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

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- The practice promoted a culture of openness and honesty. Staff and patients were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. They had an annual 'away day' where staff got together to discuss key issues and future developments of the practice.
- The provider complied with the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- There were safe and effective governance arrangements. These included the identification of risk, with policies and systems in place to minimise risk.
- We saw evidence of formal minutes for meetings, such as practice, multidisciplinary, palliative care and safeguarding.

Good



Summary of findings

- The practice proactively sought feedback through engagement with patients and their local community. They were leading on a locality wide patient participation group with regard to the delivery of enhanced services such as patient liaison, extended access and healthy lifestyle support.
- They were an accredited research practice and also offered teaching and training for medical students and qualified doctors training to be GPs.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

- Proactive, responsive care was provided to meet the needs of the older people in its population.
- Registers of patients who were aged 75 and above and also the frail elderly were in place to ensure timely care and support were provided. Health checks were offered for all these patients and all had a named GP.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care and support they needed.
- The practice had patients who resided in a nearby care home. The GP attended regularly one day a week to support the care and treatment of those patients. Ad hoc visits were also undertaken as needed.

Good



People with long term conditions

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

- The practice maintained a register of those patients who were a high risk of an unplanned hospital admission. Each identified patient had a care coordinator and a care plan in place.
- The practice had a same day access policy for those patients who experienced a deterioration in their condition. Longer appointments were also available as needed.
- The practice delivered care and support for some patients using an NHS approach called the Year of Care (YoC). YoC supports and enables patients to be involved in their own care, by providing a more personalised approach and supporting self-management. It was currently used with patients who had chronic obstructive pulmonary disease (COPD), cardiovascular disease and diabetes.
- In line with best practice, six monthly or annual reviews were undertaken to check patients' health care and treatment needs were being met:
- 94% of patients diagnosed with COPD had received a review in the last 12 months (CCG average 88%, national average 90%)
- 73% of patients diagnosed with asthma had received a review in the last 12 months (CCG and national average 75%)

Good



Summary of findings

- 100% of newly diagnosed diabetic patients had been referred to a structured education programme in the preceding 12 months (CCG average 87%, national average 90%)

Families, children and young people

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

- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, the provision of ante-natal, post-natal and child health surveillance clinics.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- 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. Same day access was available for all children under the age of five.
- Childhood immunisations were offered in line with the public health programme. Uptake rates for all children aged eight weeks to 5 years were between 97% and 100%.
- Sexual health, contraceptive and cervical screening services were provided at the practice. In the preceding five years 84% of eligible patients had received cervical screening (CCG and national average 82%).

Good



Working age people (including those recently retired and students)

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

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Patients had access to appointments and services over three locations.
- The practice offered pre-bookable, same day and online appointments. They also provided extended hours appointments early morning, evening and on Saturdays, telephone consultations and text message reminders. Prescriptions could be ordered online and collection arranged from a nominated pharmacy.

Good



Summary of findings

- The practice offered a range of health promotion and screening that reflected the needs of this age group. This included screening for early detection of COPD (a disease of the lungs) for patients aged 35 and above who were known to be smokers or ex-smokers.
- NHS health checks were offered to patients aged between 40 and 74 who did not have a pre-existing condition.
- Travel health advice and vaccinations were available. The practice was also a designated Yellow Fever vaccination centre.

People whose circumstances may make them vulnerable

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

- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- We saw there was information available on how patients could access various local support groups and voluntary organisations.
- Patients were signposted to other agencies for additional care and support as needed.
- The practice had developed a user friendly pre-health check questionnaire booklet for use with patients who had a learning disability, which included pictures to aid understanding. The booklet also been shared with local learning difficulties and disabilities services.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.
- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- Data showed that 98% of patients diagnosed with dementia and 98% of patients who had a complex mental health

Good



Summary of findings

problem, such as schizophrenia, bipolar affective disorder and other psychoses, had received a review of their care in the preceding 12 months. These were both higher than the CCG and national averages of 88%.

- All staff had received dementia friendly training and could demonstrate a good understanding of how to support patients.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. A total of 222 survey forms were distributed, of which 107 were returned. This was a response rate of 48% which represented less than 1% of the practice patient list. Results were variable compared to local CCG and national averages, for example:

- 77% of respondents described their overall experience of the practice as fairly or very good (CCG 82%, national 85%)
- 73% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG 76%, national 79%)
- 60% of respondents described their experience of making an appointment as good (CCG 70%, national 73%)
- 74% of respondents said they found the receptionists at the practice helpful (CCG 85%, national 87%)
- 95% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG 94% and national 95%)
- 99% of respondents said they had confidence and trust in the last nurse they saw or spoke to (CCG 96%, national 97%)

As part of the inspection process we asked for Care Quality Commission (CQC) comment cards to be

completed by patients from all three locations. We received 35 comment cards which were positive. Many of the comments gave examples where patients felt they had received good care. Other comments described the service as being 'excellent' and that staff were kind, caring and friendly. However, four of the comments we received stated they found it difficult to access the practice by telephone at 8am; these all related to the Kippax site.

We spoke with four patients, all said they were happy with the care they received and thought staff were professional and caring. One of the patients said they found it difficult getting through to the practice by telephone.

We spoke with a member of the patient forum and we received a written testimonial from the chair of the forum; both of whom provided some good examples of engagement between the forum and the practice.

We also attended the inaugural meeting of a locality wide patient participation group (PPG). The practice was leading a locality group made up of PPG members from other practices within the CCG. The remit of the group was to provide a patient perspective and response with regard to the planned delivery of enhanced services across the locality, such as patient liaison, extended access and healthy lifestyle support.

Gibson Lane Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector and comprised of a second CQC inspector, a GP specialist advisor and a CQC staff member who was in attendance as an observer.

Background to Gibson Lane Practice

The practice is a member of the Leeds South and East Clinical Commissioning Group (CCG). Personal Medical Services (PMS) are provided under a contract with NHS England. They also offer a range of enhanced services, which include:

- extended hours access
- delivering childhood, influenza and pneumococcal vaccinations
- facilitating timely diagnosis and support for people with dementia
- identification of patients with a learning disability and the offer of annual health checks
- identification and review of patients at high risk of an unplanned hospital admission
- obtain the views of patients through a patient participation group

The practice is classed as being in one of the lesser deprived areas within Leeds and currently has a patient list size of 11,285, which is predominantly white British. They have a higher than national average number of patients aged 55 years and over with life expectancy being high for the CCG area; 80 years for male (76 years CCG) and 84 years for females (80 years CCG). Additionally:

- 61% of patients have a long standing health condition (56% CCG)
- 64% are in paid work or full time education (59% CCG)
- 1% are unemployed (8% CCG)

Gibson Lane Practice main site is located at Kippax Health Centre, Gibson Lane, Kippax, Leeds LS25 7JN, which is a suburb on the outskirts of Leeds. It is based within a purpose built health centre, which also houses several community services, such as the district nursing team, physiotherapy, podiatry, ultrasound and an onsite pharmacy. There is disabled access and a large car park with some designated disabled parking spaces. Opening hours are Monday 8am to 8pm, Tuesday to Friday 8am to 6pm and alternate Saturdays 8am to 11am. Appointment times after 6pm and on Saturday mornings are for pre-booked appointments only.

They are two branch surgeries:

1. Garforth Surgery, 3/5 Hazelwood Avenue, Garforth, Leeds LS25 2AW. This is located in a converted bungalow in a residential area situated less than two miles from the main branch. Parking is limited and disabled access is difficult for wheelchair users. Opening hours are Monday to Friday 8am to 6pm, with the practice closing at 12 midday on Wednesday.
1. Monk Fryston Surgery, 37 Main Street, Monk Fryston, Leeds LS25 5DU. This is located in a converted and extended bungalow in a small village approximately seven miles from the main branch. There is a car park at the back of the building and disabled access is available. This surgery also has a small dispensary. Opening hours are Tuesday and Friday 8am to 12pm, closed Wednesday and 2pm to 6pm on Thursday. Monday opening hours on weeks one, two and five are 4pm to 8pm and on weeks two and four they are 2pm to 6pm.

Detailed findings

Patients can access any of the locations. When the main 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.

There are five GP partners (four female, one male) and four salaried GPs (three female, one male). Nursing staff consist of an advanced nurse practitioner, six practice nurses, two health care assistants and three phlebotomists; all of whom are female. The practice also employs a male pharmacist. Clinical staff are supported by a team of administration staff and a practice manager who oversees the day to day running of the practice. At the Monk Fryston site there is also a team of four dispensers and administration staff.

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

Gibson Lane Practice is a teaching and training practice. They are accredited to train qualified doctors to become GPs (registrars) and to support undergraduate medical students with clinical practice and theory teaching sessions. They are also an accredited research practice. One of the GP partners acts in the capacity of prescribing lead for the CCG.

Why we carried out this inspection

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

How we carried out this inspection

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

such as NHS England and Leeds South and East CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 2 August 2016. During our visit we:

- Spoke with a range of staff, which included two GP partners, a salaried GP, a practice nurse, the practice manager, administration staff and dispensary staff.
- Reviewed questionnaire sheets which were given to 16 administration staff prior to inspection.
- Reviewed CQC comment cards and spoke with patients regarding the care they received and their experiences of the practice.
- Spoke with a member of the patient forum and also received a written testimonial from the chair of the forum. (The forum is a group of patients, often known as a patient participation group, who work alongside the practice to improve services.)
- Observed in the reception area how patients, carers and family members were treated.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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)

Detailed findings

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

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

Are services safe?

Our findings

Safe track record and learning

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

- The practice was aware of their wider duty to report incidents to external bodies such as Leeds South and East CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was a nominated lead for ensuring all clinical and non-clinical significant events and near misses were recorded on the electronic reporting system. We looked at some incidents in detail and saw there was good evidence of investigation, actions taken to improve safety in the practice and shared learning with staff.
- All significant events relating to medicines were monitored by the local CCG medicines management team. Any concerns or issues were then fed back to the practice to act upon.
- There was a system in place to ensure all safety alerts were cascaded to staff and actioned as appropriate.

Overview of safety systems and processes

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

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. Staff had received training relevant to their role and could demonstrate their understanding of safeguarding. A GP acted in the capacity of safeguarding lead for adults and children and had been trained to the appropriate level three. Although it was not always possible for the GPs to attend external multi-agency safeguarding meetings,

reports were always provided where necessary. There were good working relationships with the health visitor and any child safeguarding issues or concerns were communicated to them.

- Notices displayed in the waiting rooms at all the practice locations, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) It was recorded in the patient's record when a chaperone had been in attendance or when the offer of one had been declined by the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. All staff had received up to date training in IPC. The practice nurse was the nominated lead for infection prevention and control (IPC); who could evidence an organised and knowledgeable approach in respect to IPC guidance. We saw evidence that IPC audits had taken place and action had been taken to address any improvements identified as a result. We saw evidence where the IPC lead periodically undertook audits on fridge temperatures records and phlebotomy to ensure best practice.
- There were safe and effective arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. The practice had signed up to the Dispensing Services Quality Scheme which rewards practices for providing high quality services to patients. We spent time in the dispensary at the Monk Fryston site, observing practice, talking to staff and looking at records. The dispensary was well organised and operated with adequate staffing levels. There were embedded safe practices and control measures in place to assess the quality of the dispensing process, ensure patients received the correct medicines, dispose of expired medicines and ensure the security of the dispensary. We saw evidence that monthly audits of controlled drugs and expiry dates of all medicines held

Are services safe?

were undertaken and records maintained of the drugs kept in the GPs' bags for use in home visits. There were robust arrangements with regard to the storage and dispensing of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). We were informed of the updated system of secure handling of keys to the drug storage cupboard and the dispensary.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out with the support of the practice pharmacist and local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines, in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) The health care assistants were trained to administer vaccines or medicines against a patient specific direction (PSD). (PSDs are written instructions for the supply or administration of a medicines to an individual patient.)
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references and DBS checks.

Monitoring risks to patients

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

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and legionella (legionella is a bacterium which can contaminate water systems in buildings).
- A health and safety policy and up to date fire risk assessments.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked flexibly to cover any changes in demand, for example annual leave, sickness or seasonal demands.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff were up to date with fire and basic life support training.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the practice intranet and as a paper copies.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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. We saw examples of patient care where NICE guidance had been used effectively.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. We saw formal minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2014/15) showed the practice had achieved 100% of the total number of points available, with 12% exception reporting. This was higher than the CCG and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We discussed exception reporting with the practice, particularly in relation to diabetes. However, we saw evidence that overall exception reporting had reduced to 10% for 2015/16 period.

Data we looked at showed:

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

93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months (CCG average 88%, national average 90%).

- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care. At 67%, they had the highest uptake of bowel screening rates for the CCG (average 54%).
- The practice were supported by a pharmacist twice a week to ensure effective and appropriate prescribing, with minimal wastage, was undertaken. This could be evidenced as Gibson Lane Practice was one of the few practices in the CCG who had achieved a prescribing budget underspend.

The practice used clinical audit, peer review, local and national benchmarking to improve quality. We saw several clinical audits and reviewed one relating to appropriate prescribing of antibiotics and another regarding accident and emergency frequent attenders. We saw evidence of the audit process, outcomes and shared learning. Both these audits could demonstrate where improvements had been identified and subsequently maintained. These were also reflected in positive preventative outcomes for the practice and patients.

Effective staffing

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

- The learning and development needs of staff were identified through appraisals, meetings and reviews of practice performance and service delivery. All staff had received an appraisal within the preceding 12 months.
- Staff were supported to access e-learning, internal and external training. They were up to date with mandatory training which included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- There was an information pack made available to all GP locums.
- Staff who administered vaccines and the taking of samples for the cervical screening programme had

Are services effective?

(for example, treatment is effective)

received specific training, which included an assessment of competence. We were informed staff kept up to date of any changes by accessing online resources or guidance updates.

- The GPs were up to date with their revalidation and appraisal.
- The nurses were up to date with their nursing registration.

Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients. 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. With the patient's consent, information was shared between services using a shared care record. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a monthly basis.

The practice had patients who resided in a nearby care home. The GP attended regularly one day per week and ad hoc visits were undertaken as needed. Practice staff and care home staff liaised as needed to ensure timely support, care and treatment was provided to those patients.

The practice could evidence they were the second lowest within Leeds South and East Clinical Commissioning Group (CCG) practices, for accident and emergency (A&E) attendances (27% below), for the period April 2015 to March 2016. We were informed how patients were supported to avoid an unplanned hospital admission and also how 'frequent attenders' to A&E were followed up. There were effective recall systems in place for the review of patients. Patients who had complex needs, were at a high risk of an unplanned hospital admission or had palliative care needs, had a care plan in place. These were reviewed and updated as needed. Information regarding end of life care was shared with out-of-hours services, to minimise any distress to the patient and/or family.

We saw evidence of extensive yellow card reporting. This is a system where health care professionals can report any concerns regarding quality of care and patient experiences, particularly in relation to secondary services. Some examples of reported concerns were regarding missed referrals, poor discharge planning and wrong information on letters sent to patients.

Consent to care and treatment

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

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

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

Supporting patients to live healthier lives

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

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

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

- Encouraged patients to attend national screening programmes for cervical, bowel and breast cancer. They contacted patients and provided information and advice of the benefits of attending the screening. The uptake rates were:
 - cervical screening in the last five years was 84%, which was higher than the CCG and national averages of 82%.
 - bowel screening for patients aged 60 to 69 in the last 30 months was 67% (CCG 54%, national 58%). This was the highest uptake for the CCG.
 - breast screening in females aged 50 to 79 in the last 36 months was 87% (CCG 70%, national 72%).

Are services effective?

(for example, treatment is effective)

- Carried out immunisations in line with the public health childhood vaccination programme. In the preceding 12 months. Uptake rates for children aged from 8 weeks to 5 years ranged from 97% to 100% (compared to CCG average uptakes rates of 84% to 100%).
- Provided patient access to appropriate health assessments and checks. These included NHS health checks for people aged 40 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.
- Screened patients aged 35 and above who were known to be smokers or ex-smokers, for the early detection of chronic obstructive pulmonary disease (a disease of the lungs).
- Offered pre-diabetes screening for those patients who may be at risk of developing type two diabetes.
- Provided stop smoking advice and support; 12 out of 17 (71%) patients who had been offered support had quit smoking during the period April to December 2015.
- Provided comprehensive sexual health and contraception services, which included coil and implant fittings and removals.
- Had access to other services based in the health centre, such as a health trainer who could provide additional support for patients with lifestyle advice.
- Had developed a user friendly pre-health check questionnaire booklet for use with patients who had a learning disability, which included pictures to aid understanding. The booklet has also been shared with local learning difficulties and disabilities 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.
- There was a private room should patients in the reception area want to discuss sensitive issues or appeared distressed.
- 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.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.

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

- 87% of respondents said the last GP they saw or spoke to was good at listening to them (CCG 87%, national 89%)
- 80% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG 85%, national 87%)
- 86% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG 82%, national 85%)
- 91% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG and national 91%)
- 90% of respondents said the last nurse they saw or spoke to was good at giving them enough time (CCG and national 92%)
- 91% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG 90%, national 91%)

We received 35 comment cards which were positive. Many of the comments were examples where patients felt they had received good care. Other comments described the service as being 'excellent' and that staff were kind, caring and friendly.

We spoke with four patients, all said they were happy with the care they received and thought staff were professional and caring.

We were provided with evidence which demonstrated the practice's involvement with charitable activities. These included coffee mornings, collection of unused medicines and unwanted equipment to send to third world countries.

Care planning and involvement in decisions about care and treatment

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

- The choose and book service was used with all patients as appropriate.
- Interpretation and translation services were available for patients who did not have English as a first language.
- There were information leaflets and posters displayed in the reception area available for patients.

The practice delivered care and support for some patients using an NHS approach called the Year of Care (YoC). YoC supports and enables patients to be involved in their own care, by providing a more personalised approach and supporting self-management. It was currently used with patients who had chronic obstructive pulmonary disease (COPD), cardiovascular disease and diabetes. Individualised care plans for these patients were reviewed as needed.

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

- 80% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG 80%, national 82%)
- 78% of respondents said the last GP they saw was good at explaining tests and treatments (CCG 84%, national 86%)
- 87% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG 84%, national 85%)
- 94% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG 89%, national 90%)

Patient and carer support to cope emotionally with care and treatment

Are services caring?

The practice maintained a carers' register and the patient electronic record system alerted clinicians if a patient was a carer. All identified carers were given a carers' pack which contained information about local carer resources. In addition, they were offered a health check and influenza vaccination. Additional support was provided either by the practice or patients were signposted to other services as needed, such as Carers Leeds.

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. Any patients who experienced bereavement were offered support as needed.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with NHS England and Leeds South and East CCG to identify and secure provision of any enhanced services or funding for improvements. Services were provided to meet the needs of their patient population, which included:

- Home visits for patients who were frail, elderly or unable to attend the practice due to health reasons.
- Urgent access appointments for young children or patients who were in need.
- Telephone consultations.
- Longer appointments as needed.
- Travel vaccinations which were available on the NHS. The practice was a designated Yellow Fever vaccination centre.
- Disabled facilities.
- Interpretation and translation services .
- The installation of Wi-Fi for patients to use whilst waiting in the reception area.
- There was a well-developed website which was easy to navigate and provided health information and links to other relevant organisations.

Access to the service

Patients had good access to appointments over three locations, which included extended hours early morning, in an evening and on Saturdays. Appointments could be booked in advance at the reception, by telephone and online. We were informed that 75% of appointments were 'on the day'. This was as a result of patient demand for same day appointments. All urgent care patients and young children were seen on the same day as requested. 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.

Opening hours at the three locations were as follows:

Kippax: Monday 8am to 8pm, Tuesday to Friday 8am to 6pm and alternate Saturdays 8am to 11am. Appointment times after 6pm and on Saturday mornings were for pre-booked appointments only.

Garforth: Monday to Friday 8am to 6pm, with the practice closing at 12 midday on Wednesday.

Monk Fryston: Tuesday and Friday 8am to 12pm, closed Wednesday and 2pm to 6pm on Thursday. Monday opening hours on weeks one, two and five are 4pm to 8pm and on weeks two and four they are 2pm to 6pm.

Data from the national GP patient survey showed respondents ratings were varied in comparison to other local and national practices. For example:

- 63% of respondents were fairly or very satisfied with the practice opening hours (CCG 77%, national 78%)
- 59% of respondents said they could get through easily to the surgery by phone (CCG 68%, national 73%)
- 94% of respondents said the last appointment they got was convenient (CCG 91%, national 92%)

The lower responses in relation to access were discussed with the practice. We were informed they had recently installed a new telephone system, which had supported an improvement in telephone access. The system now displayed a call waiting message, alerting patients as to what number they were in the queue. This prevented patients having to repeatedly ring when trying to get through to the practice; which had been a previous issue. The issues had been discussed at practice level and also with the patient forum members.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- The practice kept a record of all written and verbal complaints.
- All complaints and concerns were discussed at the practice meeting.
- There was information displayed in the waiting area at each location to help patients understand the complaints system.

In the preceding 12 months, we saw there had been 27 complaints recorded in total, across all locations. Five of these were verbal and 22 were written. There were no apparent themes to the complaints. There was a

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

comprehensive record of all complaints, which showed they had been satisfactorily handled. The records could evidence the actions taken, the outcomes and the lessons learned and cascaded to staff within the practice. For example, a patient had complained they couldn't get through on the telephone. It was found they had been

using the 'old' telephone number which had been updated as a result of the installation of the new telephone system. The patient had been contacted and an apology and explanation given. The practice had acknowledged there had been some issues and had put actions in place to rectify them.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision and robust strategy to deliver high quality, safe and effective care in response to the needs of patients within their community.

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

- Committed to patients' needs
- Treat all patients and staff with dignity, respect and honesty
- Ensure safe and effective services and environment
- Provide a high standard of care and maintain this through continuous learning
- Educate and inform patients in order to encourage them to be proactive in their health and well being

All staff knew and understood the practice vision and values. There was a strong patient-centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected during our conversations with them and observations of them.

Governance arrangements

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

- A good understanding of staff roles and responsibilities. Staff led on key areas, such as prescribing, safeguarding, dealing with complaints and significant events, QOF and infection prevention and control.
- Policies available to all staff via the computer or as a paper copy.
- A comprehensive understanding of practice performance. Practice meetings were held where practice performance, significant events and complaints were discussed.
- A programme of clinical audit, which was used to monitor quality and drive improvements.
- Robust arrangements for identifying, recording, managing and mitigating risks.
- Safe practices, which included keeping documented records of checks made within the practice, such as DBS, vaccine fridge temperatures, stock and equipment.

- Business continuity and comprehensive succession planning in place. At the time of the inspection there was an unplanned fire alarm. We participated in the fire drill procedures and observed they were undertaken in line with practice policy. This was also recorded as a significant event.

Leadership and culture

There was a clear leadership structure in place and staff told us the partners were approachable and they felt respected, valued and empowered. There was evidence of good teamwork across all sites and a genuine respect of each other for the work they undertook within their individual roles.

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

- Clinical and non-clinical meetings being held.
- Comprehensive and detailed formal minutes for meetings, such as practice, multidisciplinary, palliative care and safeguarding.
- An all-inclusive team approach to providing services and care for patients. They had an annual 'away day' where staff got together to discuss future developments of the practice and key issues, such as QOF and significant events.
- GPs and managers being supportive and caring of their staff, as well as patients.

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

The practice had a strong focus on learning and development. They were an accredited research practice and also offered teaching and training for medical students and qualified doctors training to be GPs (registrars). At the time of our inspection the practice didn't have any students or registrars.

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

Are services well-led?

Good 

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

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

- Staff, through meetings, discussions and the appraisal process. Staff told us they would not hesitate to raise any concerns and felt involved and engaged within the practice to improve service delivery and outcomes for patients.
- Patients through day to day engagement with them.
- The NHS Friends and Family Test, complaints and compliments received.
- Members of the patient forum, which was a well established group who were active in the development and improvement of the practice. There were ten members who met face to face and approximately 200 virtual group members. We spoke with one member and also received a written testimonial from the chair of the forum, both of whom provided some good examples of engagement between the forum and the practice. For example, their involvement in the development of an action plan arising from the national patient survey. They had also been proactive in supporting medicines management, particularly around waste arising from repeat prescriptions. Some of this had contributed to the prescribing budget underspend.

Continuous improvement

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

- One of the GP partners was the prescribing lead for the CCG and supported effective prescribing within the practice.
- They were part of a federation of practices within the CCG, to look at how the delivery of primary care services could be improved within the local area.
- The practice was leading a locality group made up of PPG members from other practices within the CCG. The remit of the group was to provide a patient perspective and response with regard to the planned delivery of enhanced services across the locality, such as patient liaison, extended access and healthy lifestyle support.
- The practice was looking to purchase gym equipment to be sited at the Kippax location. This would be available for patients under the supervision of a qualified instructor.