The Avenue Surgery

Quality Report

24 The Avenue
Alwoodley
Leeds
LS17 7BE
Telephone: 0113 295 3780
Website: www.avenuesurgeryleeds.co.uk

Date of inspection visit: 25 February 2016
Date of publication: 23/06/2016

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Avenue Surgery on 25 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas in which the provider should make improvements:

- Ensure that there is an accurate record of vaccination stock levels, expiry dates and running totals are maintained.
- Ensure a children's mask is available with the emergency oxygen.

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?

Good

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. Lessons were shared to ensure action was taken to improve safety in the practice. All staff were encouraged and supported to record any incidents using the electronic reporting system.
- There were nominated leads for safeguarding children and adults and processes in place to keep patients and staff safeguarded from abuse.
- We saw posters displaying safeguarding information and contact details, in the consulting and treatment rooms.
- There were systems in place for safe medicines management. However; the vaccination records did not contain stock levels, expiry dates or running totals.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- The practice was clean and regular infection prevention and control (IPC) audits were carried out.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the needs of patients and delivered care in line with current evidence based guidance.
- Monthly clinical meetings were held to discuss patient care and complex cases. In addition, discussions regarding patients' care were held between clinicians as needed.
- Staff worked with other health and social care professionals, such as the community matron, district nursing, midwifes and palliative care team to meet the range and complexity of people's needs. On the day of the inspection, we received positive feedback from a member of the midwifery team on the collaborative working found at the practice.
- Clinical audits were undertaken and could demonstrate quality improvement.
- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to both local and national figures.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.

Are services caring?

Good

The practice is rated as good for providing caring services.

- The practice had a patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Data from the National GP patient survey showed that patients rated the practice in line with or better than local and national averages practices.
- 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.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked with Leeds North Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- National GP patient survey responses and the majority of comments made by patients said they found it easy to make an appointment. However we received some negative feedback about the opening hours at the Green Road branch site.
- All urgent care patients were seen on the same day as requested.
- 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 also shared with other stakeholders.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions such as cancer and people with dementia.

Are services well-led?

Good

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

Summary of findings

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients. We saw that the leadership team encouraged and supported the staff team.
- 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. We saw, however, that there was not a clear identified lead for infection control within the practice and that input was shared across several staff.
- The provider was aware of and complied with the requirements of the duty of candour.
- There were systems in place for being aware of notifiable safety incidents, sharing the information with staff and ensuring appropriate action was taken.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. They were also encouraged to attend the patient reference group meeting to ensure they were involved in discussions about changes to service.
- The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.

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

Good

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

- 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 in need.
- The practice worked closely with Leeds Community Healthcare via the Meanwood Neighbourhood Team co-ordinator to ensure access to the community matron, district nurses and social services if required.
- The practice took part in the Winter Resilience Scheme and provided additional nursing hours throughout the winter months to support the most vulnerable patients to self care and reduce demand on urgent primary care services.
- The practice used funds from the Leeds North Clinical Commissioning Group to review all patients aged 75 and over who had not attended the surgery for 12 months, with the offer of a home visit by the Health Care Assistant to ensure their needs were being met.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission and patients were reviewed regularly.
- Patients were signposted to other services for access to additional support, particularly for those who were isolated or lonely.

People with long term conditions

Good

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

- All these patients had a structured review to check that their health and medicines needs were being met. This review was undertaken on an annual basis or more often when required.
- The practice nurses had lead roles in the management of long term conditions. A GP at the practice also had an interest in diabetes which enabled insulin to be initiated without hospital attendance.
- The practice worked closely with the community matron in the management of housebound patients who had complex long term conditions, to ensure they received the care and support they needed.

Summary of findings

- Medication reviews were undertaken on a regular basis by the GPs at the practice, with input from the Medicines Waste Workers and local medicines optimisation pharmacist.
- The practice used an electronic system to monitor patients using medicines that required regular blood tests to ensure these were carried out as required.
- The practice was participating in the Year of Care programme. This approach encouraged patients to understand their condition and have a more active part in determining their own care and support needs in partnership with clinicians.
- 100% of newly diagnosed diabetic patients had been referred to a structured education programme in the preceding 12 months; CCG average 79%, England average 90%.
- 87% of patients diagnosed with asthma had received an asthma review in the last 12 months; CCG and England averages of 75%.
- 81% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months; CCG and England averages 90%.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- 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 worked with midwives, health visitors and school nurses to support the needs of this population group. For example, the midwife worked from the practice one day a week and patients were seen for ante natal and post natal appointments.
- The practice had a dedicated baby clinic twice a month for baby checks, immunisations, weighing and general information.
- Immunisation uptake rates were comparable to the CCG and England rates for all standard childhood immunisations.

Summary of findings

- Cervical screening, sexual health and contraceptive services, including implant fittings, were provided at the practice.
- 86% of eligible patients had received cervical screening (CCG and England average 82%).

Working age people (including those recently retired and students)

Good

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

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice provided extended hours appointments on Monday mornings and Thursday evenings, both GP and nurse appointments were available during these hours.
- Telephone consultations were available if appropriate for patients at work.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Health checks were offered to patients aged between 40 and 74 who had not seen a GP in the last three years. The practice were working with the Leeds North Clinical Commissioning Group and the local supermarket to enable patients to access the health checks at a more convenient time, with the result being forwarded on to the practice.

People whose circumstances may make them vulnerable

Good

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

- Patients who had a learning disability had an annual review of their health needs and a health action plan in place.
- 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.
- Staff within the practice had attended Female Genital Mutilation training and were aware of how to identify patients who may be vulnerable to this.
- We saw information about various local support groups and voluntary organisations, which patients could access as needed.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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, such as Carers Leeds.
- 78% of patients diagnosed with dementia had received a face to face review of their care in the preceding 12 months (CCG average 86%, England average 84%).
- 91% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in their record in the preceding 12 months (CCG average 90% and England average of 88%).
- Staff could demonstrate they had a good understanding of how to support patients with mental health needs or dementia.
- Patients who were at risk of developing dementia were screened and support provided as necessary.
- The clinicians in the practice were aware of and referred to local mental health services as appropriate.

Summary of findings

What people who use the service say

The national GP patient survey distributed 236 survey forms of which 117 were returned. This was a response rate of 50% which represented less than 3% of the practice patient list. The results published in January 2016 showed the practice was performing in line with local CCG and England averages. For example:

- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 79% and national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%).
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards, the vast majority of which were positive about the standard of care received. Many used the word 'excellent' to describe the service and citing staff as being friendly and caring.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The results of the most recent NHS Friend and Family Test showed that 92% of respondents said they would be extremely likely or likely to recommend the practice to friends and family if they needed care or treatment.

The Avenue Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to The Avenue Surgery

The Avenue Surgery operates from a converted semi-detached house in the Alwoodley area of Leeds. The practice also has a branch site on Green Road in Meanwood which is also a converted semi-detached property. We visited both sites as part of our inspection.

The practice serves a population of approximately 4000 patients and the service is provided by one female GP partner and a female business partner/practice manager. The partners are supported by three salaried GPs (female), two practice nurses and a healthcare assistant. The clinical staff are supported by an experienced team of administration staff.

The practice is classed as being one of the lesser deprived areas in England.

Patients can access a number of clinics for example; asthma and diabetes, smoking and baby clinics and the practice offers services such as childhood vaccinations and cervical smears.

The Avenue Surgery is open as follows:

Monday, Wednesday and Friday from 8am to 6pm

Tuesday 7.30am to 6pm

Thursday 8am to 7.30pm

Green Road Surgery is open as follows:

Monday to Friday 8am to 12.30pm

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.

Services are provided under a general medical services contract. This is the contract held between the practice and NHS Commissioners. The practice is registered to provide the following regulated activities; maternity and midwifery services, family planning, diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services such as influenza, pneumococcal and childhood immunisations.

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 diverse range of organisations including voluntary and community groups.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, 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 carried out an announced inspection on 25 February 2016. During our visit we:

- Visited both locations.
- Spoke with a range of staff, which included a GP partners, a salaried GP, two practice nurses, the practice manager, the reception manager and a midwife who works alongside the practice.
- Spoke with patients who were all positive about the practice and the care they received.
- Reviewed comment cards where patients and members of the public shared their views. Comments received were positive about the staff and the service they received.
- 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- The partners promoted a culture of openness, transparency and honesty and we saw there was a comprehensive 'being open' policy in place.
- All staff were encouraged and supported to record any incidents using the electronic reporting system. Staff told us they would also inform the practice manager and/or GPs of any incidents.
- There was evidence of good investigation, learning and sharing mechanisms in place.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice manager had conducted a random check of fridge temperatures and found that they had not been recorded on a daily basis at the Green Road Surgery as a practice nurse was not always on site. As a result the practice reviewed information on the electronic data logger to ensure all vaccinations were safe and temperatures were within guidelines. This incident identified that reception staff were not adequately trained to record fridge temperatures in the absence of the practice nurse and training was subsequently provided.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level level 3 training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager and practice nurse were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice should ensure that there is an accurate record of vaccination stock levels and expiry dates. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored; however there was no system in place to track blank prescriptions. We discussed this with the practice manager during our inspection and were informed this would be addressed.

Good

Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 were 98% of the total number of points available, with 11% 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 from 2014/15 showed;

- Performance for some diabetes related indicators was lower than the CCG and national averages. For example, 92% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months; CCG average 86% and England average of 88%.
- The percentage of patients with high blood pressure (hypertension) having regular blood pressure tests was 84% which was slightly higher than the CCG average of 82% and same as the national average of 84%.
- All patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months; CCG average 88%, England average 90%.

Clinical audits demonstrated quality improvement.

- There had been three completed clinical audits completed in the last 12 months. The audits demonstrated where the improvements made were 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. For example, an audit looking at Atrial Fibrillation was conducted to help review and discuss blood clotting (anticoagulation therapies). Thirty eight patients were identified and as a result of the audit 17 were referred for anticoagulation therapy.

However, we noted on the day of the inspection that some of the audits completed were undertaken via the clinical system and there was a no evidence of discussion or outcome assessment.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 had access to and made use of e-learning training modules and in-house training. They were also supported to attend role specific training and updates, for example long term conditions management.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion with other clinicians.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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. The practice could evidence how they followed up those patients who had an unplanned hospital admission or had attended accident and emergency (A&E); particularly children or those who were deemed to be vulnerable.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. Information was shared between services, with the patient's consent, using a shared care record. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a quarterly basis. We spoke with the community matron who worked closely with the practice. They gave us many examples of shared care and the processes in place for sharing information confidentially.

Care plans were in place for those patients who had complex needs, at a high risk of an unplanned hospital admission or had palliative care needs. These were reviewed and updated as needed. Information regarding end of life care was shared with out-of-hours services, to minimise any distress to the patient and/or family.

Consent to care and treatment

We were informed of the process for obtaining and recording consent in relation to the requirements of legislation guidance, such as the Mental Capacity Act 2005. Where a patient's mental capacity to provide consent was unclear, a clinical assessment was undertaken and the outcome recorded in the patient's notes.

When providing care and treatment for children aged 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.

All consent was recorded electronically in the patient's record.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice worked closely with Leeds Community Healthcare via the Meanwood Neighbourhood Team co-ordinator to ensure access to the community matron, district nurses and social services if required.
- The practice used funds from the Leeds North Clinical Commissioning Group to review all patients aged 75 and over who had not attended the surgery for 12 months, with the offer of a home visit by the Health Care Assistant to ensure their needs were being met.

The practice's uptake for the cervical screening programme was 100%, which was comparable to the CCG average of 95% and the national average of 96%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and the practice achieved 100% of vaccinations for children aged five.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place on the ground floor could not be overheard, however we noted that conversations in the nurses room located on the first floor could be clearly overheard from the office area located next door.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 39 comment cards, of which 36 were positive about the standard of care received. Many used the word 'excellent' to describe the service and citing staff as being friendly and caring. Three of the comments cards contained negative feedback, however there were no themes identified in these.

We spoke with four patients, one of which were part of the patient participation group (PPG) They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern which was comparable to the CCG average of 92% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared which was comparable to the CCG average of 86% and national average of 85%)

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

Good

Are services caring?

- Staff told us that interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The choose and book service was used with all patients as appropriate.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent a letter of condolence. This call would also invite the family to attend a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice nurses had lead roles in the management of long term conditions. A GP at the practice also had an interest in diabetes which enabled insulin to be initiated without hospital attendance.
- The practice worked closely with the community matron in the management of housebound patients who had complex long term conditions, to ensure they received the care and support they needed.
- Medication reviews were undertaken on a regular basis by the GPs at the practice, with input from the Medicines Waste Workers and local medicines optimisation pharmacist.
- The practice used an electronic system to monitor patients using amber drugs and this ensured blood tests were carried out as required.
- The practice took part in the Winter Resilience Scheme and provided additional nursing hours throughout the winter months with a view to improving and supporting management and self-care to reduce the need for urgent primary care.
- The practice utilised monies from the Leeds North Clinical Commissioning Group to review all patients aged 75 and over who had not attended the surgery for 12 months, with the offer of a home visit by the Health Care Assistant to ensure their needs were being met.

Access to the service

The Avenue Surgery was opened as follows:

Monday, Wednesday and Friday from 8am to 6pm

Tuesday 7.30am to 6pm

Thursday 8am to 7.30pm

Green Road Surgery is open as follows:

Monday to Friday 8am to 12.30pm

Appointments could be booked up to four weeks in advance; same day appointments were available for people that needed them.

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.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at three complaints received in the last 12 months and found these were handled appropriately, dealt with in a timely way showing openness and transparency when dealing with the complaint.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, it was unclear who the infection control lead was and a number of staff had input into this role.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had introduced rapid access appointments as a result of feedback from patients. These appointments were intended for patients with less complex issues and enabled the practice to offer more appointments.

Are services well-led?

Good

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

- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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

Continuous improvement