

Care Quality Commission

Inspection Evidence Table

Shadwell Medical Centre (1-13973011918)

Inspection date: 27 January & 10 February 2023

Date of data download: 19 January 2023

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	
The practice had a safeguarding policy in place which clearly outlined the safeguarding lead and gave guidance on how to raise a safeguarding concern. We saw contact details for the local safeguarding teams were displayed throughout the practice.	
The provider had carried out a safeguarding self-assessment which had been developed by safeguarding healthcare professionals across the West Yorkshire and Harrogate Partnership. This was to identify clear arrangements and processes for safeguarding children and adults. The assessment showed the practice was compliant in all areas.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a comprehensive recruitment policy, supported by a human resources checklist. This prompted staff to ensure that all relevant information was obtained during the recruitment process. For example, Disclosure and Barring Service (DBS) checks, references, proof of qualifications and professional registration.</p> <p>At the time of our inspection, the practice utilised long-term locum GPs. We saw there were processes in place to ensure all relevant information was obtained prior to commencement at the practice.</p> <p>During our site visit we reviewed 2 staff files and found these contained evidence of appropriate checks having been undertaken. The files also contained a record of staff vaccinations including Tetanus, Measles, Mumps and Rubella (MMR) and COVID-19. We noted that the non-clinical staff file did not contain information relating to Hepatitis B vaccination or immunity. We discussed this during our inspection and were advised that a risk assessment had been undertaken by the Primary Care Network which had resulted in the decision not to carry out checks for non-clinical staff due to minimal risk of exposure.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: January – April 2022	Yes
There was a fire procedure. Date of fire risk assessment: February 2022	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw that a fire risk assessment was carried out in February 2022 and this contained a record of actions taken to mitigate most of the risks identified at the time of the assessment. The practice had reviewed the fire risk assessment in January 2023 and noted that outstanding actions had been completed. For example, no smoking signs had been displayed within the building and a fire marshal had been appointed.</p> <p>We reviewed records of a fire evacuation test which the practice had conducted in November 2022. The practice had identified and acted upon learning as a result of the test.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: September 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: We saw that a legionella risk assessment had been carried out in June 2021 and actions had been taken in line with recommendations. For example, weekly temperature checks of water and a record of these were kept. We noted that the temperature of the water checks had not reached 50 degrees. We discussed this with the provider during our inspection and were informed that safety temperature restrictions had been placed on taps used for handwashing. Following the inspection, the provider confirmed that future checks would be carried out on a dedicated tap to ensure the water was reaching correct temperatures. The practice had an action plan in place to address areas of non-compliance identified in the infection prevention and control audit. We saw that some actions had been addressed, for example, improvements to environment cleaning processes and management of sharps bins. However, we saw that some actions relating to the premises remained outstanding. The provider had submitted a bid for funding to carry out refurbishment works to address these areas. We found the premises to be clean and well maintained at the time of inspection.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: All of the feedback we received from staff about staffing levels and arrangements for managing absences and busy periods was positive. The provider had processes in place to ensure all staff members (including GP locums) received an appropriate induction.	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results, and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: As part of our inspection, the Care Quality Commission (CQC) specialist advisor reviewed a selection of patient records. Overall, we saw that patient records contained appropriate information. The practice had systems in place to ensure all incoming correspondence was actioned in a timely manner. This was overseen by the operations manager.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHS Business Service Authority - NHSBSA)	0.75	0.87	0.82	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2021 to 30/09/2022) (NHSBSA)	6.1%	6.6%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2022 to 30/09/2022) (NHSBSA)	5.07	4.65	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	63.5‰	113.7‰	129.6‰	Tending towards variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	0.73	0.46	0.58	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	3.1‰	4.9‰	6.7‰	Tending towards variation (positive)

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>As part of our inspection, CQC's GP specialist advisor (SpA) undertook a number of in-depth searches of the practice's clinical records system. The practice had processes and recall systems in place for monitoring high risk medicines and evidence of this was seen during our remote review of patient records.</p> <p>We reviewed records for 5 patients prescribed Methotrexate (a disease modifying anti-rheumatic drug used to treat inflammatory conditions such as rheumatoid arthritis). We found that in all 5 cases the process for monitoring was unclear. For example, some patients had received blood monitoring in hospital but this was not clearly documented in the patient record. We received confirmation from the provider following our inspection, that 3 patients had monitoring in a hospital setting and the results were available on the clinic record, 1 patient had already been contacted and had an appointment booked for monitoring and review and 1 patient had been having quarterly monitoring and would be recalled again before the end of February. Appropriate monitoring had been carried out for each of the patients.</p>	

Medicines management	Y/N/Partial
<p>We reviewed the records of 2 patients prescribed Lithium (a drug used to mood disorders) and found the majority of blood monitoring had been carried out, but Lithium levels were not documented. We received confirmation from the provider following the inspection that both patients had appointments booked in February 2023.</p> <p>We reviewed 5 recent medication reviews undertaken for patients at the practice. We found in 4 cases that whilst the record showed that a review had been undertaken, they did not include some aspects of care. For example:</p> <ul style="list-style-type: none"> • Repeat medications not reviewed. • Prescribed medicines and dosages not reviewed. <p>We reviewed the emergency drugs and equipment and found that these were fully stocked and in date. The practice had a system to check stock levels and expiry dates and we saw records of this.</p> <p>We looked at the vaccine refrigerators and saw that these were adequately stocked, and the practice held a record of daily temperature and data logger checks.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	9
Number of events that required action:	7

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Over ordering of medication for patients on repeat prescribing.	Prescribing rights removed from administrative team to ensure prescriptions cannot be issued prior to due date. Audits carried out to identify patients prescribed high doses of opiates and regular reviews carried out.
Delay in patient accessing referral for a scan.	Process reviewed and updated to ensure patients requesting an appointment which may require onward referral, were escalated to the duty GP.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a process in place to receive and act upon relevant safety alerts. All incoming alerts were reviewed by the Primary Care Network (PCN) pharmacy team and appropriate action taken.</p> <p>We ran a search to review a safety alert relating to the use of medicines that were known or suspected to have the potential to increase the risk of birth defects and development disorders (teratogenic potential) when taken during pregnancy. We reviewed 5 patient records and saw 2 of these contained clearly documented evidence of risks having been discussed. However, in 3 of the records it was unclear if risks had been discussed and 1 patient had not been reviewed by the practice since 2017. Following our inspection, we received confirmation from the practice that all patients had discussed the risks associated with a healthcare professional, or that an appointment had been made to review the patient and have appropriate discussions.</p>	

Effective

Rating: Good

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. ¹	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. ²	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated. ³	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence:	
The practice operated a daily duty doctor system, where a dedicated GP had extra appointments to accommodate any urgent requests for appointments.	
The practice had a system in place to ensure urgent 2 week cancer referrals were actioned promptly and monitored until an appointment had been made. We saw evidence of this in the clinical records.	

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty.
- Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check. At the time of our inspection there were 10 patients with a learning disability registered at the practice and all had received a health check in the previous 12 months.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

Our review of the clinical records system showed that patients with long-term conditions had generally been managed appropriately, with recalls and reviews in place. However, some patient records showed areas for improvement:

We reviewed patients with hypothyroidism who had not had thyroid function test monitoring for 18 months. Of 194 patients with hypothyroidism, 6 were highlighted as not having had appropriate monitoring. We reviewed 5 records in detail and found that 2 patients had not attended for review or had not requested prescriptions. We received confirmation from the practice that some patients were out of the country and 2 patients had been booked for review in February 2023. In all cases, the practice had attempted to contact the patients.

Patients with diabetic retinopathy whose latest HbA1c was > 74mmol/l (diabetic retinopathy is a potentially sight threatening complication of diabetes). Of the 264 patients with diabetes, we found 8 patients whose latest HbA1c was >74mmol/l. We found issues with the management of 3 of these patients. For example, 1 HbA1c result filed with no action taken and HbA1c results were discussed with the patient but no plan documented. We received feedback from the practice following our inspection to confirm arrangements were in place for each of these patients.

At the time of our inspection the practice was working to introduce a new system where patients would be invited for review on their birthday month.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Adults with newly diagnosed cardio-vascular disease were offered statins.

Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

Patients with COPD were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	32	36	88.9%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	29	31	93.5%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	28	31	90.3%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	29	31	93.5%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	51	56	91.1%	Met 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The practice had a processes in place to ensure eligible children were invited for immunisations at the appropriate time. There was a dedicated staff member who contacted the parents of children who had not attended the practice for immunisation and tried to encourage uptake.

Cancer Indicators	Practice	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/06/2022) (UK Health and Security Agency)	67.3%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	66.6%	64.0%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	69.1%	65.8%	66.8%	N/A
(to) (UKHSA)		-		-

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Any additional evidence or comments

During the site visit we reviewed current uptake of cervical screening and found that this was 90% for persons aged 25 to 49 and 97% for persons aged 50 to 64. However, at the time of our inspection this data had not been verified or published.

The practice had a dedicated cancer screening champion who proactively contacted patients to attend for screening.

Cervical screening clinics were available at the extended access service from 9am until 12pm Saturday and Sunday.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

Central North Leeds Primary Care Network (PCN) were appointed to take over the service at Shadwell Medical Centre following a Care Quality Commission (CQC) initiated cancellation of the previous provider as a result of concerns identified during an inspection in July 2021.

The concerns identified included:

- Delays in referrals being made, this included urgent fast track referrals and 2 week wait cancer referrals.
- Urgent tasks not being completely in a timely way.
- Issues with the vaccinations refrigerator, including lack of temperature checks, no annual maintenance and overstocking.

At this inspection we found the above issues had been rectified.

We found that the processes for acting on and monitoring referrals had been improved. For example, we saw evidence of an urgent 2 week wait cancer referral being actioned on the day of consultation.

During the site visit we reviewed tasks on the clinical system and saw that these had all been created within the previous 48 hours. Action had been taken to progress all urgent tasks. There was a robust system in place to monitor tasks, this included a daily review by the operations manager.

We reviewed the test and calibration certificates for the vaccination refrigerators and saw that this had been completed in September 2022. We saw that twice daily temperature checks were carried out and recorded. In addition, electronic data loggers were used and these temperatures were downloaded weekly.

Effective staffing

The practice was able demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice closed for 1 afternoon per month for protected learning time. This gave all staff the opportunity to complete mandatory training and was also used for topical learning events, for example the organisational manager was trying to arrange for Carers Leeds to provide a training session for staff to help identification and support of carers registered at the practice.</p> <p>All staff had access to an employee handbook which clearly outlined the practice capability, disciplinary and grievance processes.</p> <p>All of the staff we received feedback from told us that they had received an appraisal and felt supported by management at practice level. However, we received some comments which indicated that staff did not feel listened to by higher level management.</p> <p>We reviewed 2 staff files and found evidence that appropriate training had been completed. For example, safeguarding adults and children, infection prevention and control and fire safety.</p> <p>The staff files we reviewed contained records of appraisals which had been carried out within the previous 12 months.</p>	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: Patients at the practice had access to social prescribers and well-being co-ordinators who provided support with a range of social, emotional and practical needs. All patients aged 16 and over could access this service, which offered an initial telephone assessment, signposting to local services and agencies and access to virtual coffee mornings. The practice website signposted patients to self-help advice and contained links for patients to access support in areas such as healthy eating, exercise and mental health counselling.	

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. ¹	Yes
<p>Explanation of any answers and additional evidence</p> <p>Staff we spoke with had a good understanding of consent including decisions made by people who may be vulnerable or lack capacity.</p> <p>We reviewed notes where a DNACPR decision had been recorded. We found that in all cases ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) forms had been completed and these had been signed or reviewed within the last 12 months.</p>	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Patient feedback	
Source	Feedback
NHS Choices Website	Words used by patients to describe how staff at the practice had treated them included: kindness, understanding, respect, considerate, empathetic.
NHS Friends and Family Test	Words used by patients to describe staff at the practice included: caring, friendly, understanding, compassionate, empathetic and understanding.

	Y/N/Partial
The practice carries out its own patient survey/feedback exercises.	Partial
At the time of our inspection the practice had recently re-established the patient participation group (PPG). We received feedback from some members of the PPG to advise that patient communication was an area they were looking to develop.	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	74.6%	86.2%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very	75.2%	85.2%	83.5%	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
good at treating them with care and concern (01/01/2022 to 30/04/2022)				
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	87.3%	93.7%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	50.3%	74.1%	72.4%	Tending towards variation (negative)

Any additional evidence or comments
<p>The practice was aware of historic issues around patient satisfaction and had worked hard to overcome these.</p> <p>We spoke with 3 patients who were all positive about the service they had received and their experience of accessing and attending the practice for an appointment.</p> <p>Results from the NHS Friends and Family Test demonstrated that patient satisfaction was improving. For example:</p> <ul style="list-style-type: none"> - December 2022: The practice received 123 responses. Of these, 93% of respondents said they would recommend the practice to a friend or family member. - January 2023: The practice received 133 responses. Of these, 94% of respondents said they would recommend the practice to a friend or family member.

Any additional evidence
We looked at reviews and ratings of the practice by patients on the NHS choices website. Over the last 12 months there had been 11 reviews of which 9 were positive about the service and care patients had received.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Interviews with patients.	We spoke with 3 patients who were able to provide examples of when clinicians at the practice had taken the time to discuss their care and treatment and involve them in decisions about their care.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	79.3%	90.0%	89.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had access to telephone interpreters to support patients whose first language was not English. In addition, the practice website was available in a number of different languages.</p> <p>The website had been designed to promote accessibility for all with features including:</p> <ul style="list-style-type: none"> • change colours, contrast levels and fonts • zoom in up to 300% without the text spilling off the screen • navigate most of the website using just a keyboard • navigate most of the website using speech recognition software • listen to most of the website using a screen reader <p>The website contained information to support patients to access social prescribing services which included emotional and mental wellbeing support, money management skills and social activities. In addition, the site contained signposting to services providing support for drug and alcohol issues, mental health counselling and cancer support.</p>	

Carers	Narrative
Percentage and number of carers identified.	55 (1%)
How the practice supported carers (including young carers).	<p>Patients identified as acting in the role of carer were offered health checks when visiting the practice. The practice planned to offer health checks proactively over the next 12 months.</p> <p>The practice had been in contact with Carers Leeds and were in the process of arranging for them to attend one of the in-house training sessions to speak to staff around identification and support for carers.</p>
How the practice supported recently bereaved patients.	Condolence cards were sent to patients who were recently bereaved. This was followed up by a call from the GP who would offer support and signpost to other services, such as bereavement support groups.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There was adequate distance between the reception desk and seating area in the waiting room to reduce the risk of conversation being overhead. In addition, the practice had music playing in the waiting area.</p> <p>There was a dedicated interview room which could be utilised for any patients wishing to speak to a receptionist in private.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am until 6pm
Tuesday	8am until 6pm
Wednesday	8am until 6pm
Thursday	8am until 6pm
Friday	8am until 6pm
Appointments available:	
Monday	8am until 6pm
Tuesday	8am until 6pm
Wednesday	8am until 6pm
Thursday	8am until 6pm
Friday	8am until 6pm
In addition, the practice offered in-house extended hours appointments from 7.30am on Tuesday and Thursday mornings.	
Patients could also access a variety of weekend appointments at a local practice via the extended access hub. This service was available from 9am until 12pm on Saturday and Sunday. Patients could access prebookable appointments with a GP, nurse and healthcare assistant.	

Further information about how the practice is responding to the needs of their population

Patients could access a number of virtual services offered by the practice jointly, in collaboration with other practices within the Central North Leeds Primary Care Network. These included:

- A clinical pharmacist service to support patients with medication issues without having to attend the practice. This included prescribing and organising prescriptions electronically.
- Musculoskeletal (MSK) service for patients who wanted to speak to an advanced physiotherapist in relation to muscle and joint problems.
- A mental health support service (Healthy Minds). The service provided support for patients aged 18 and over who were experiencing low mood, stress or anxiety.

The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

The practice liaised regularly with community services to discuss and manage the needs of patients with complex medical issues.

The practice offered appointments from 7.30am on Tuesday and Thursday mornings to enable patients to access an appointment before work or school.

All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

The practice held a register of patients living in vulnerable circumstances including patients with a learning disability, mental health issues or those at risk of or suffering from abuse.

Access to the service

People were able to access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	38.0%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	34.0%	57.9%	56.2%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	40.1%	56.1%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	58.8%	73.6%	71.9%	No statistical variation

Any additional evidence or comments

The practice had taken a number of steps to address the less positive responses regarding patient experiences of making an appointment. This included:

- Increasing the number of GPs within the practice.
- Offering patients the choice of either a face to face or telephone appointment.
- Mentoring for administrative and reception staff to streamline workload and improve morale.

The practice was committed to continually monitoring patient satisfaction and improving the practice reputation in the local area.

Feedback from the most recent NHS Friends and Family Test and NHS Choices demonstrated an improvement in patient satisfaction.

Source	Feedback
NHS Choices	One patient shared how they had been able to get through to the practice quickly by telephone and was given the option of either a face to face or telephone appointment. The staff were friendly and helpful and the GP was professional and caring.
NHS Choices	One patient shared how they had seen significant improvements at the practice in the last year. Reception staff had been kind and efficient and they received a call back from the GP the same day.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	3
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
All of the staff we spoke with or received feedback from knew how to support patients to make a complaint.	
Information about how to make a complaint was available on the practice website and complaints could be raised verbally, by email or using an online complaints form.	

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
The provider had a good understanding of the challenges they faced. This included:	
<ul style="list-style-type: none">- Patient satisfaction- Improving staff morale- Improving clinical processes including the management of high-risk medicines, patient reviews and uptake of cervical screening.- Refurbishment of the premises	
The provider had an action plan in place to monitor progress in these areas and evidence collected during our site visit, clinical searches and feedback from staff demonstrated that improvements had been made.	
In addition, the provider was committed to recruiting additional permanent GPs to support the clinical team.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
<p>The practice had a strong commitment to ensuring a safe and inclusive culture for staff and patients.</p> <p>Feedback we received from staff confirmed that they felt able to raise concerns and that these would be listened to and acted upon.</p> <p>Staff had access to an internal and external Freedom and Speak Up Guardian. All of the staff we spoke with and received feedback from, knew how to make contact with them if required.</p> <p>Leaders at the practice had taken steps to ensure that staff felt more involved in improving how the service was delivered. For example, reception staff had been given lead areas such as updating the website to ensure relevant information was available for patients, and there were dedicated cancer screening leads to engage with patients and improve uptake.</p> <p>The practice had taken steps to improve the well-being of staff by arranging counselling sessions for any staff member that wanted to access these. In addition, staff had access to a dedicated wellbeing champion.</p>	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interview questionnaire	One staff member told us they had a good team of clinical and administration staff that worked well together and that there was a supportive management team.
Staff interview questionnaire	One staff member told us they were happy to work at Shadwell Medical Centre and be one of the team members. They told us that working together allowed them to improve services for patients and they felt great satisfaction when patients complimented the surgery and hard work of all the staff.
Staff interview questionnaire	One staff member told us the good thing about working at the practice was being part of an amazing team.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Explanation of any answers and additional evidence:	
Shadwell Medical Centre is provided by Central North Leeds Primary Care Network Ltd who had overall responsibility for areas such as clinical leadership, human resources and financial budgets.	
The practice had governance arrangements in place including practice meetings and multidisciplinary meetings with other providers such as health visitors and palliative care nurses.	
All of the staff we received feedback from were clear about their roles and responsibilities.	
The practice had policies in place to support staff within their roles and these contained clear information about the designated lead in areas such as infection, prevention and control and safeguarding	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: The practice proactively monitored performance and had a clear understanding of areas for improvement. The practice used information from a variety of sources to monitor performance, this included patient feedback via the NHS Choices website and NHS Friends and Family Test.	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
The practice involved staff when making decisions regarding changes to the service. For example, staff were involved in choosing the colour scheme during the redecoration of the practice.	

Feedback from Patient Participation Group.

Feedback

We spoke with 3 patients who were also members of the newly formed patient participation group. They told us that the group were looking to focus on communication and how they could ensure information was accessible to all patients, including elderly patients.

Feedback from all 3 patients was positive about the service and 1 patient told us they believed that current staff were willing to listen and take on board new ideas. They told us that staff were very keen to improve the service.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
The practice was committed to continuous learning and improvement. GPs at the practice had access to mentors and ongoing leadership support.	
We saw that improvements had been made and the practice had a clear strategy outlining further improvements to be made.	
The practice was committed to staff development, one member of the management team had been supported to complete a leadership course to further develop them in their role.	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a SICBL average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a SICBL average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- **%** = per thousand.