

Kirkstall Lane Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Areas for improvement	13
Outstanding practice	13

Detailed findings from this inspection

Our inspection team	14
Background to Kirkstall Lane Medical Centre	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kirkstall Lane Medical Centre on 10th March, 2016.

Overall the practice is rated as **outstanding**.

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

- There was an open and transparent approach to safety and a robust and effective system in place for reporting and recording significant events.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice for example the Care Home project.
- Feedback from patients about their care was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example they worked with the local charity that provided accommodation for people who had been involved in people trafficking and human rights abuses.
- The practice implemented suggestions for improvement and made changes to the way it

Summary of findings

delivered services as a consequence of feedback from patients and from the patient participation group. Examples of this were, the changes made to the services provided to mothers and their children after consultation, and the extended hours service of 7am-7pm daily and input into the 'Hub' arrangements.

- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about services and how to complain was available and easy to understand
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders, was prominently displayed in the waiting room and was regularly reviewed and discussed with staff.
- There was a clear leadership structure with devolved responsibility and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw several areas of outstanding practice including:

- The practice provided a same day service, when needed, for patients who are survivors of human rights abuses and extended appointments were available to support the use of the interpreter services. There was a lead GP identified for this group of patients, who had made contact with other providers of services to this group, and who had visited the residences to gain a

broader understanding of the care that was needed. This had resulted in the delivery of a need and evidence based, targeted service for this particular group of vulnerable patients.

- The practice had developed and implemented a 'dispersed management' model which devolved power and empowered staff to make decisions and change working practices. This had resulted in staff feeling valued, motivated and involved in the practice. It also meant that improvements and changes were implemented promptly.
- The lead GP for care homes had a dedicated weekly session to proactively review care home patients and spend focussed time agreeing with each person (and their families) preferred approaches to their care and ensured this was documented and agreed with care home staff.
- A protocol that helped practice staff to recognise and assist carers had been developed by the practice. This ensured that carers were routinely checked and offered support.

However there were areas of practice where the provider **should** make improvements:

- Recording and updating of Hep B status for all members of clinical staff.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as **good** for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- There was a risk management system in place.

Are services effective?

The practice is rated as **good** for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Staff assessed needs and delivered care in line with current evidence based guidance.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practise and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group (CCG).
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for nearly all staff.

Data from the Quality and Outcomes Framework showed patient outcomes were in line with local and national averages.

Are services caring?

The practice is rated as **good** for providing caring services.

Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. Examples of this are:

- 98% of patients would definitely or probably recommend their GP surgery to someone who has just moved to the area compared with a national average of 79%.
- 99% of patients described the overall experience of their GP surgery as fairly good or very good compared with a national average of 85%.
- Feedback from patients about their care and treatment was consistently and strongly positive. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were positive and aligned with our findings and those of patients.
- Information for patients about the services available was easy to understand and accessible.

Good



Are services responsive to people's needs?

The practice is rated as **outstanding** for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. An example was that the lead GP for care homes had a weekly dedicated session to

Outstanding



Summary of findings

proactively review care home patients and spend focussed time agreeing with each person (and their families) preferred approaches to their care and ensured this was documented and agreed with care home staff.

- There were innovative approaches to providing integrated person-centred care. An example was the provision of the proactive care-planning approach to older people living in their own homes, led by the clinical care co-ordinator (CCC).
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, changes were made to availability of appointments, and staff training was improved in response to feedback from antenatal and postnatal mothers.
- The service provided to patients who were survivors of human rights abuses and joint working with other providers of services to these patients.
- Patients could access appointments and services in a way and at a time that suited them. Examples of this were e-booking for appointments, and surgery opening hours between 8am and 8pm.
- A system was in place to review the availability of appointments up to six or eight weeks in advance to ensure sufficient appointments were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as **outstanding** for being well-led.

- The practice had a clear vision and strategy with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. The vision was clearly displayed in the waiting area and had been signed by all the staff who knew and understood it.
- High standards were promoted and owned by all practice staff and teams working together across all roles. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Outstanding



Summary of findings

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a comprehensive understanding of the performance of the practice and individuals within the team.
- The practice carried out proactive succession planning through their 'grow your own' model. This had resulted in staff already employed by the Practice being recruited to the Clinical Care Coordinator post, Operations Manager post and four salaried GPs and partners who had previously been GP Registrars.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had an active patient participation group (PPG) which influenced practice development. Examples of this included the text surveys undertaken immediately after patients left the consultation and suggestions from the PPG being taken into account when the reception/waiting area was updated. According to the last patient survey patient satisfaction was high and 98% of patients registered said they would recommend the practice to others.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The staff survey results confirmed that the partners and practice manager were highly visible and approachable and that staff were proud to be part of the team.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population, and offered home visits and urgent appointments for those with enhanced needs.
- Since 2015 the Practice had participated in a local scheme to improve the care of people living in care homes. They worked in partnership with another nearby practice on this and had jointly appointed a nurse who worked across two care homes along with a physiotherapist and a pharmacist. This scheme had created the time and resource to provide high quality care through supporting the provision of weekly proactive visits to these homes. This ensured the practice patients who lived there had their wishes placed at the centre of their care. The lead GP for care homes had a weekly dedicated session to proactively review care home patients and spent focussed time agreeing with each person (and their families) preferred approaches to their care and ensured this was documented and agreed with care home staff.
- The practice provided a proactive care-planning approach to older people living in their own homes, led by the practice clinical care co-ordinator (CCC). This involved the identification of patients at highest risk of deterioration in their health by using a risk stratification tool and the electronic frailty index. Patients were then offered the opportunity to discuss care needs with their named GP, and had regular scheduled contact with the CCC to try to address early signs of deterioration. The CCC worked closely with the integrated neighbourhood team (INT) to ensure all health and social care needs were addressed. The practice clinical team and the INT held monthly review meetings.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. A clinical care co-ordinator role had been established to focus on the top 2% of the practice's patients with long term

Summary of findings

conditions and who were likely to be admitted to hospitals. The practice number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 patients in 2014/15 was 12 which was below the national figure of 15.

- The diabetes indicators in the Quality and Outcomes Framework were in line with local and national averages, although there were some areas where they were below the average. The practice were aware of this and planned to focus on Diabetes care in the coming year.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- In the last 12 months the practice focussed on detection and management of three long term conditions (LTCs), these being:
 - Atrial fibrillation (AF)
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Pre-diabetes/newly diagnosed Type 2 Diabetes (T2DM)
- The practice were seeking to improve the management of these conditions in terms of early diagnosis and promotion of self care/management.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations ranging between 81% and 98%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.
- 75% of females 25-64 had attended for cervical screening within the target period compared with the CCG average of 75% and national average of 74%.
- We saw positive examples of joint working with midwives, health visitors and school nurses, including adapting policies to improve support for safeguarded children with protected GP time for report writing. A recent domestic homicide review

Good



Summary of findings

provided evidence that the practice processes were robust although further changes were made in practice protocols to improve safeguarding measures, and improvements were made to their protocol for deducting patients from the list by including additional safeguarding checks.

- The practice had concluded a full review of the mother and baby clinic in January 2015 which had involved recent and prospective mums and practice staff. The recommendations from the review had been implemented including changes to appointment availability to improve patient choice, and more staff training to maintain standards of care.
- The practice provided family planning and sexual health services and had recently completed audits on contraceptive procedures which had led to an improved service for coils and implants.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services including appointments as well as a full range of health promotion and screening, that reflected the needs of this age group.
- The extended opening hours and routine and same day appointments at weekends and late evenings had proved popular with patients who work or study or who have daytime caring responsibilities and need flexibility. Patient satisfaction levels were captured in the national GP patient survey.

Plans were in place at the time of our visit to develop virtual consultations and bespoke health information for patients.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Outstanding



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children, and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice worked with a charitable organisation providing housing and support for people who were survivors of human rights abuses such as trafficking and who had sensitive health and social care needs. A number of the residents had registered with the practice, and the practice had invited members of the management of the facility to attend a recent clinical meeting to discuss how the needs of the patients could be met through partnership working and the services provided, for example contraception and sexual health. The practice provided a same day service when needed and extended appointments to support the use of the translation services. A lead GP and named contact had been identified for this group of patients, and had visited the offices and residences to gain a broader understanding of the care that needed to be provided.
- The practice provided medical support for a nearby supported living housing complex for people with learning difficulties. The practice led on multidisciplinary meetings to develop appropriate care plans to meet the changing needs of this group of patients. We saw feedback from the service which confirmed that positive changes had been made as a result of the input by the practice.

People experiencing poor mental health (including people with dementia)

The practice is rated as **good** for the care of people experiencing poor mental health (including people with dementia). The QoF data shows that the practice is in line with the national average across the four indicators.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

- The practice engaged with a local third sector organisation Patient Empowerment Project (PEP) which provided support for patient suffering from social isolation, loneliness, and depression or financial worries. The PEP team attended clinical meetings and also participated in the Practice Open Day.
- The practice provided medical services for a specialist provider of mental health services to young adults with enduring mental health needs. The practice contributed to a multidisciplinary holistic approach to the care of this group of patients.
- The practice had a computerised mental health register.

Summary of findings

What people who use the service say

The results of the national GP patient survey published in January 2016 showed the practice was performing at a higher level than local and national averages. There were 413 survey forms distributed and 94 were returned. This represented a 23% response rate.

- 96% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared to a national average 76%.
- 99% described the overall experience of their GP surgery as fairly good or very good compared to the national average of 85%.

- 98% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the national average 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the staff and standard of care received.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test score was 92% from 76 responses. The Practice had received four stars from 14 ratings on the NHS Choices website, and had responded to all comments.

Areas for improvement

Action the service **SHOULD** take to improve

- Recording and updating of Hep B status for all members of clinical staff.

Outstanding practice

We saw several areas of outstanding practice including:

- The practice provided a same day service, when needed, for patients who were survivors of human rights abuses and extended appointments were available to support the use of the interpreter services. There was a lead GP identified for this group of patients, who had made contact with other providers of services to this group and who had visited the residences to gain a broader understanding of the care that was needed.
- The practice had developed and implemented a 'dispersed management' model which devolved power and empowered staff to make decisions and

change working practices. This had resulted in staff feeling valued, motivated and involved in the practice. It also meant that improvements and changes were implemented promptly.

- The lead GP for care homes had a dedicated weekly session to proactively review care home patients and spend focussed time agreeing with each person (and their families) preferred approaches to their care and ensured this was documented and agreed with care home staff.
- A protocol that helped practice staff to recognise and assist carers had been developed by the practice. This ensured that carers were routinely checked and offered support.

Kirkstall Lane Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Kirkstall Lane Medical Centre

The Practice operates from Kirkstall Lane Medical Centre, 216 Kirkstall Lane, Leeds, LS6 3DS which is owned by the partners. It is situated not far from Leeds city centre and is next to the Yorkshire County Cricket Ground. The practice premises are purpose built, clean, tidy, in good decorative order and furnished appropriately and have been extended a number of times over the years to meet the demands of modern general practice. There are good facilities, and access as it is situated on a main road and there are good public transport links. Parking is very limited on the site although it is available in nearby streets.

- There are three GP partners (one female and two male) which equate to 1.89 full time equivalents (fte), and four salaried GPs (three female and one male) totalling 2.21 (fte). There are three practice nurses, a clinical care co-ordinator and a healthcare assistant (HCA) (all of whom are female). In addition there is a Practice Manager and nine administrative and reception staff.
- The Practice is a training practice for GPs. and other healthcare professionals
- The practice is open between 8am and 8pm Monday to Friday. Appointments are from 8.30 to 11.00 am and 3pm to 7.30pm daily. Appointments are offered

between 8am and 3pm on Saturday, Sunday and Bank holidays via the 'Hub' arrangement in which the practice participates with six other practices, and appointments can be booked in advance.

- Out of hours (OoH) care is provided by Local Care Direct, and patients are also directed to the NHS 111 line. The Practice receives notification from the OoH provider of all emergencies.

The practice had a patient list of 8091 with a significantly higher than average working age population and there are average levels of deprivation. There are two large care homes and a sheltered housing scheme in the Practice area.

The Practice is situated within the Leeds West Clinical Commissioning Group and is registered with the CQC to provide primary medical services under the terms of the General Medical Services contract. Kirkstall Lane Medical Practice is registered with the CQC to provide treatment of disease, disorder, or injury; diagnostic and screening procedures; maternity and midwifery services, family planning, surgical procedures.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10th March 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice manager, secretary, HCA and patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. There was a focus on openness, transparency and learning when things went wrong.
- The practice provided clear evidence of a systematic and comprehensive approach to the analysis of their significant events (SEAs). We saw evidence that SEAs are not only recorded on the computer system, but reviewed at weekly partner meetings and at clinical meetings on a regular basis when trends were monitored. A full investigation record was produced including why an incident happened, lessons learned, what needs to change and an action plan. These events were shared within the Practice via a learning bulletin and within the wider health community.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a prescribing error incident which was fully investigated, an action plan produced and the incident shared with the CCG for review. There was a useful and informative Quality & Safety Bulletin produced on a regular basis which was displayed on the Quality & Safety noticeboard in the meeting room for everyone to see and all bulletins were circulated via email or the web-based, app enabled electronic communication system.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. An example of how this system worked was 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:

- A Safeguarding Report Protocol, that reflected relevant legislation and local requirements, and policies was accessible to all staff via the intranet and provided to the inspection team. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the Practice Safeguarding Lead, and the GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies, and were allowed protected time to produce these.
- Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All staff were trained at safeguarding level 1; the clinicians were trained to level two and the GPs to level three.
- Vulnerable patients are coded on the practice computer system. GPs reviewed all accident and emergency attendances
- A chaperone was always offered to patients when necessary and there were notices in the waiting room and all consulting rooms which 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 check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The offer and use of a chaperone was recorded in the patient record.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection and prevention control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There was a cleaning contract and a cleaning schedule in place. The Practice had a cleanliness working group and there was evidence of meetings with the cleaning contractor to address concerns following an internal audit.

Are services safe?

- There was a cleaning schedule for specific clinical equipment, and only single use instruments were used and those viewed were in covers and within date. Nurses/HCAs dealt with spillages, spill kits were available and staff were aware of where these were kept.
- A waste disposal policy was in place and available on the shared drive. Appropriate handling and storage systems were in place for clinical waste bags and sharps bins.
- The arrangements in the practice for managing medicines (including obtaining, prescribing, recording, handling, storing and security), including emergency drugs and vaccinations, kept patients safe. The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. A nurse was responsible for checking emergency medicines on a monthly basis and clinical staff were aware of where these were kept. On the day of the inspection although there was an anaphylaxis kit available in the treatment room on the ground floor there were no medicines to treat anaphylaxis in the upstairs treatment room. (Anaphylaxis is a potentially life threatening reaction which can occur as a result of an allergic reaction). When this was pointed out to the practice they took immediate steps to rectify this situation.
- Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable the Health Care Assistant to administer vaccinations after specific training and when a doctor or nurse were on the premises.
- Although there was a register of the Hepatitis B status of the clinical staff, this was not up to date at the time of inspection.
- 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 (DBS). All staff who had direct contact with patients were DBS checked.

- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The Practice employed a Health and Safety Consultant to provide expertise and advice and there were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available, with a poster in the reception office which identified local health and safety representatives. Fire drills were undertaken infrequently but no log was kept of these. The practice assured us they would establish a regular, logged programme of fire drills, fire alarms were checked by an approved firm every six months.
- 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. The Practice had a legionella assessment undertaken in February 2014 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice undertook to update this assessment as soon as possible.
- There was no record of equipment calibration and no maintenance contract in place for annual servicing of equipment and the practice undertook to put this in place at the earliest opportunity. Subsequent information has been provided by the practice to show that there has been agreements in place for this since 2010.
- Arrangements were in place for planning and monitoring the number and mix of staff required to meet patients' needs. There was a policy and a rota system in place for the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Are services safe?

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 rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks, although defibrillator battery checks were not being undertaken on a regular basis. A system was put in place immediately to check the battery on a daily basis.
- 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 fit for use.
- The practice had a comprehensive and proactive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and identified a 'buddy' practice that they would work with in such circumstances. This plan was reviewed on an annual basis and copies were kept off the premises.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Safety alerts, clinical updates and guidance from NICE, MHRA and CCG were disseminated via the web-based, app enabled electronic communication system. Implementation of these guidelines was followed up through risk assessments, audits and random sample checks of patient records. NICE guidance is embedded on the computer system.

Management, monitoring and improving outcomes for people

The practice had a QoF lead GP and 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 showed 88% achievement of the total number of points available, with 15% average 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). This practice was a significant outlier for the following QOF clinical indicators in 2014/15:

- Performance for diabetes related indicators at an average of 73% was worse than the national average of 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was at 78% worse than the national average of 84%.
- Performance for mental health related indicators was an average of 85% which was similar to the national average of 86%.

Clinical audits demonstrated quality improvement.

- We were provided with information on five clinical audits completed in the last twelve months; at least two of these were completed audits where the improvements made were implemented, monitored and re-audited.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a re-audit of the review of records of all patients receiving a new cancer diagnosis, to aid early diagnosis and improve survival included the active follow-up of patients who failed to attend for screening and encourage them to do so, which is done as part of the practice Quality Improvement Plan.
- We saw minutes from meetings that showed clinical audits were discussed in clinical meetings.

Information about patients' outcomes was used to make improvements such as; an audit of contraceptive implants resulted in the obtaining of a patient information leaflet, guidance provided to be kept in each treatment room.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was an induction pack available, which we saw, and a six monthly review of progress.
- We were provided with a copy of the Mandatory Training Policy, Risk Assessment policy and comprehensive training schedule. The Practice Manager had a comprehensive and up to date spreadsheet showing all the GPs and staff and their DRB status, indemnity, contract status and professional memberships.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

Are services effective?

(for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a rolling programme of staff appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Most staff had had an appraisal within the last 12 months and the rest were scheduled. An annual rolling appraisal system was in place, and we saw the paperwork for a robust system.
- There was a policy of 'grow your own staff' within the practice and examples of this working were the role of Care Co-ordinator, the Office Manager and four members of the clinical staff who had previously been GP trainees and on completion of their training had become either salaried GPs or partners.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- There was a mandatory training schedule available for all staff and a training matrix which was up-to-date, both of these were seen by inspectors.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- Care plans were available for the top 2% of patients most at risk of admission. All these patients had a named doctor who produced the care plan and dealt with any correspondence related to these patients. They were also kept under observation by the CCC.

- Unplanned admissions were considered at a monthly meeting of the multidisciplinary team and reviewed on a day to day basis by the CCC. This included readmissions, hospital discharges, A & E attendances, failed to attends and referrals. There was a liaison system with the local care homes, which had been in place for a few months, but no outcome data was available at the time of our visit.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and with the neighbouring practice with which they collaborated on the Care Home Scheme.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. All staff had received MCA training via e-learning. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits undertaken on a monthly basis. For certain interventions, for example contraception, the templates on the computer system wouldn't let the clinician progress until consent was recorded. Consent for ear irrigation was published on-line along with an information sheet and patients were requested to take the consent form with them to their appointment.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those who may have been involved in human rights abuses and those requiring advice on their diet, smoking and alcohol cessation. An example of this is the Pre-Diabetes checks and information pack. Patients were then signposted to the relevant service health, social or voluntary sector.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to follow-up patients who did not attend for their cervical screening test, and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 96% to 98% and five year olds from 80% to 94%.

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

The practice took part in the Leeds West CCG Commissioning Scheme in 2014/15, which covered COPD, cancer screening and CVD. The outcomes of this scheme were:

- an 12% increase in patients on the COPD register
- 100% of bowel screening non-responders followed up,
- 100% of breast screening DNAs (did not attend) followed up
- 243 patients identified as being at risk of CVD and therefore requiring care planning.

Patients are supported and encouraged to access the Patient Empowerment Project (PEP) run by a third sector organisation. This scheme was available across the Leeds West CCG area and was promoted by the practice. Patients could self-refer to this and receive 1 – 1 support for a range of requirements, but particularly mental health issues.

As part of the Quality Improvement Scheme the Practice carried out an audit of all patients on the atrial fibrillation register to ensure appropriate management and to improve awareness within the clinical team of NOAC medication and risk stratification tools. They undertook work to improve prevalence and the lead GP and two practice nurses undertook additional training in order to optimise the care they provided. In response to steadily rising prevalence of pre-diabetes/early type 2 diabetes, and following attendance at a Year of Care training programme the lead GP, practice nurses and the HCA together with the medicines optimisation pharmacist are developing new protocols for the intensive management of this patient group. A comprehensive pack of written and web-based resources was seen by the inspection team and is now available for all practice patients with these conditions.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous, compassionate and very helpful to patients and treated them with dignity and respect. An example was when a visually impaired patient attended for their appointment but was unable to see the electronic display, and the receptionist informed them she would tell them when they needed to go to the consulting room.

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

We received 24 CQC comment cards on the day of inspection, all of which were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The cards highlighted that in general staff responded compassionately when they needed help and provided support when required.

We spoke with three patients in the waiting area, and a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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:

- 100% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 88%, national average 87%).

- 100% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 91% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 97% said they found the receptionists at the practice helpful (CCG average 88% national average 87%).

The Practice scored consistently highly in patient feedback from a number of sources, which would indicate a caring approach to the delivery of care.

The Practice provided a copy of their Involving Patients Plan for 2015/16 which included an action plan with timescales and leads. Copies of patient meeting minutes were also provided. At the February meeting the aims of the Patient Reference Group were set out in the minutes and provided a reminder of the role of the group. Examples of actions in this Plan included presenting the Involving Patients Plan to the Focus Group meetings and advertising for 'Patient Partners' in April 2015.

Care planning and involvement in decisions about care and treatment

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

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care (national average 82%).

Are services caring?

- 92% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

These results are another indication of the higher than average standard of caring provided by the practice.

Staff told us that translation services were available for patients who did not have English as a first language, and that they also used an online translation service. We saw notices in the reception areas informing patients this service was available. There was also a translate button on the Practice website which offered translation into 103 different languages.

Patient and carer support to cope emotionally with care and treatment

Information in the waiting room told patients how to access a number of support groups and organisations.

We saw a copy of the Carer Protocol and the practice's computer system alerted GPs if a patient was also a carer. Written information was available to signpost carers to the various avenues of support available to them. The protocol included a 'Carers Leeds' referral form and the opportunity for carers to sign-up for Carers Leeds newsletter.

Staff told us that if families had suffered bereavement, the member of staff who had been most involved in the patient care was notified and that member of staff would speak with the next of kin or nearest relative to the deceased patient and provide advice and support. A copy of the Bereavement Contact Protocol was provided to us. The practice had identified 0.3% of their practice list as carers.



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. An example of this is the extended hours and weekend working initiatives.

- There were longer appointments available for patients who needed them for example patients with a learning disability or dementia, or a 20 minute appointment made if an interpreter was booked. A new scheme of 15 minute appointments and 'see on the day' appointments was about to be introduced.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. There were urgent appointments available until 12 noon and then afternoon urgent appointments from 1pm onwards. There were also telephone consultations available.
- There were disabled facilities, a hearing loop and translation services available and support for patients with limited sight and people with complex needs, for example those living with dementia or those with a learning disability. Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- The practice worked with a charitable organisation which provided housing and support for people who were survivors of human rights abuses such as trafficking and who had sensitive health and social care needs. A number of the residents had registered with the practice, and the practice had invited members of the management of the facility to attend a recent clinical meeting to discuss how the needs of the patients could be met through partnership working and the services provided, for example contraception and sexual health. The practice provided a same day service when needed and extended appointments to support the use of the translation services. A lead GP and named contact had been identified for this group of patients, and they had visited the offices and residences to gain a broader understanding of the care that was needed.
- The practice provided medical support for a nearby supported living housing complex for people with learning difficulties. The practice led on multidisciplinary meetings to develop appropriate care plans to meet the changing needs of this group of patients. We saw feedback from the service which confirmed that positive changes had been made as a result of the input by the practice.
- In response to comments and suggestions from their focus group, the practice had made changes to the way services were delivered to mothers and their children.
- The role of the Clinical Care Co-ordinator was developed to meet the needs of the top 2% of patients who had complex needs. Three examples of how care had been improved through the introduction of this role were provided, as follows:
 - The Care Co-ordinator and HCA provided health checks to this group of patients and had admin support to run the call system. They achieved their target five months before the set date and used the PDSA (Plan, do, study act) model to plan, implement and review the initiative.
 - Supporting people with Long Term Conditions – The practice started with pre-diabetics, used the Year of Care model and developed a pre-diabetic information pack, with education being identified as the key to success. This will be reviewed in Spring of 2017.
 - The practice used practice Public Health Profile early death rates (people dying under 75) to review their premature deaths from cancer. They identified proxy markers, for example 2-week referrals and emergency referrals, which were higher than average. They undertook an audit in 2013 and re-audited in 2015. Investigation of the deaths showed that the end of life care at one of the nursing homes was excellent and patients were transferring to the practice list because of moving into the home. The practice held a monthly population health outcomes meeting where they reviewed every patient death that occurred during the month.
 - On discharge, all patients in the top 2% of patients with multiple conditions who had had an unplanned admission were contacted by their named doctor.

Access to the service



Are services responsive to people's needs?

(for example, to feedback?)

The practice informed us that their top priority was to facilitate access to a clinician by patients and this was achieved by extended opening hours between 8am and 8pm Monday to Friday, a service that had been in place for 18 months. The Practice considered appointment availability up to eight weeks in advance and RAG (red, amber, green) rated the situation. Appointments were from 8.30am to 11.00am and 3pm to 7.30pm daily. There were nurse appointments until 7.30pm on a Monday and Tuesday. In addition to pre-bookable appointments that could be booked up to eight weeks in advance e-booking was available. Urgent appointments were also available for people that needed them. As part of the seven day working initiative funded by the Leeds West CCG but developed by 15 practices in the area the practice patients could be seen between 8am and 4pm on Saturday, Sunday and bank holidays at nearby Headingley Medical Centre. Evidence provided showed that because of the Enhanced Access Scheme being delivered by the Practice and which started in November 2014:

- There was a 1,398 increase in GP practice attendances comparing pre and post scheme implementation (October 2015)
- There was a fall in A & E attendances of 5% comparing pre & post scheme implementation (September 2015)
- 18% fall in OOH attendances comparing pre & post scheme implementation
- 9% fall in MIU attendances comparing pre & post scheme implementation

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly higher than the national average.

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 96% patients said they could get through easily to the surgery by phone (national average 73%).
- 92% patients said they always or almost always see or speak to the GP they prefer (national average 76%).

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

The Practice informed us that they ensured sufficient staff were available through weekly review of capacity and resource planning, and the Operations Group had delegated responsibility to make day-to-day decisions on appointments. In addition they sought feedback from patients such as vulnerable patients and parents of young children through focus groups. They identified challenges in continuing to deliver this service, for example in relation to a three fold increase in telephone access and pressure on resources.

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.
- The Practice Manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a poster in the waiting room.

We looked at all the complaints received in the last 12 months and found that these were handled satisfactorily, and dealt with in a timely, open and transparent manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care and we were given a copy of the Quality and Safety Bulletin which provided evidence of this. We were provided with evidence that an annual complaints review took place and all the comments on the NHS choices website had received a response from the Practice. Information was available in the reception/waiting area on how to make a complaint, encouragement of patient feedback via a suggestion box and patient questionnaire. Information on practice performance was displayed as was what action the practice had taken on suggestions from patients. The Practice also ran a text survey for patients to provide immediate feedback on their experience. We were provided with evidence that showed that the practice also welcomed positive compliments and comments from patients, examples of which included comments that staff and GPs were helpful and supportive and that a GP Registrar had been sympathetic and patient centred. We were told of a complaint made by a patient with mental health problems about the attitude of a receptionist when the patient had



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

forgotten to attend for their appointment. After review one of the outcomes was that receptionists would undertake training on mental health issues so that they were better able to understand the needs of that particular group of patients.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had a clear vision and commitments. The vision was 'A well-trained and dedicated team providing high quality healthcare that works with our patients and local community to help people live longer and healthier lives.' This was devised, developed and signed up to by the whole practice team and the PPG and was underpinned by six commitments which were:

- We know our population and their needs
- We know how we're doing and where we want to be
- We use this data for continual quality improvement
- Dispersed leadership, empowered individuals with the resources to do the job (headspace, time, skills)
- Involving the team (protected learning time, regular team meetings, internal communication system)
- Involving people – patient leaders, open day, focus groups, regular feedback, complaints and compliments

The practice vision and commitments were displayed in the waiting area, enlarged to an easily visible size and in a prominent place. This had been signed by all the staff, who demonstrated on the inspection day that they 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.

There was a robust and realistic strategy in place to support the achievement of the vision and commitments which was monitored on a regular basis.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff

- A comprehensive understanding of the performance of the practice and that of individuals within the team was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, and implementing mitigating actions and the regular provision of the Quality and Safety Bulletin was a key part of this process.
- There was a clear culture of continual improvement and empowerment and we were provided with examples to support this.

Leadership and culture

The partners and Practice Manager had the experience, capacity and capability to run the practice and ensure the delivery of high quality care. There was an understanding of the challenges to providing good quality care and an action plan in place to address these. They prioritised safe, high quality and compassionate care. Evidence was provided via the outcome of the latest staff survey showing that the partners and Practice Manager were highly visible within the practice. Staff told us they were approachable and always took the time to listen to them. This was reflected in the staff survey and we were informed by staff of their high level of job satisfaction.

The results of the latest patient survey showed that levels of patient satisfaction were high, with 98% of patients saying they would recommend the practice to others.

The provider was aware of and complied with the requirements of the Duty of Candour and examples were provided. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place based on dispersed responsibility and empowerment and staff felt supported by management.

Are services well-led?

Outstanding



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

- There was a system of devolved management in place, which empowered staff to take responsibility and make decisions. There was an Operations Group, led by the practice manager which met regularly and oversaw the day to day management of the practice. This resulted in changes in working patterns or service delivery being identified and implemented quickly. The staff survey results supported the view that this system had results in staff feeling valued, motivated and involved in the development of the practice.
- Staff told us the practice held regular team meetings and we were provided with minutes of these as well as minutes of individual team meetings, for example the nursing team.
- 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 in doing so and felt supported if they did.
- 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.
- One member of the team commented that it was 'a privilege to be part of this team' and a salaried GP expressed the view that they felt included and empowered to be involved in quality improvement. They also commented that they found the web-based, app enabled electronic system very good for support and communication.
- The web-based and app enabled (nothing patient identifiable) electronic communication system for dissemination of information, exchange of ideas, improves efficiency (things can be done straight away – no need to wait for a meeting), updates. Evidence was seen and heard that confirmed this system is well used and valued within the practice.
- The partnership had a scheme of succession planning in place and had identified their challengers and developed ways of tackling these, such as:
 - Growing their own workforce i.e. GPs, nurses, HCAs and support staff

- Innovation i.e. physicians associate student, admin apprentice
- Sharing staff across practices i.e. care home nurse
- Empowering teams to lead improvement i.e. operations group and clinicians with protected quality improvement time
- Empowering patients to self-care for example Year of Care planning and training new patient leaders
- Developing patient leaders

Developing partnerships with other organisations to sustain quality for example Integrated Neighbourhood Team and the Patient Empowerment Project. Working with three other practices in the provision of the service on a Saturday/Sunday and bank holiday; developing a loose seven practice federation; working with a neighbouring practice on a care home scheme. The two practices jointly appointed a nurse who worked across the two care homes as well as a physiotherapist and medicine optimisation pharmacist. The practice had strong links with the CCG and local practices with whom they met regularly. One of the GP partners was a CCG lead and the practice manager also worked with the CCG through the Finance and Contracting Group.

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

The practice encouraged and highly 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, complaints received and via an Open Day. There was an active PPG which met four times a year, and which was trying to recruit additional members. There was an Involving Patients Plan, which includes actions and timescales. Examples of when the PPG had input into the work of the practice are the upgrading of the waiting area, patient survey outcomes in relation to mother and baby consultation, and the medical notes on-line initiative. The Leeds West CCG were running a Patient Leader scheme and the practice were actively recruiting members of the PPG to take part.

Are services well-led?

Outstanding



(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, appraisals including 360 degree appraisals, and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. An example of staff suggestions being implemented was training for administrative staff to support them in recognising risk. Staff told us they felt involved and engaged to improve how the practice was run.
- The Practice used a web-based, app enabled electronic communication system which supported quick and efficient dissemination of information and feedback both formal and informal from staff. An example provided of feedback from staff being acted upon was in relation to the telephone appointment system.
- Staff experience surveys were undertaken in November 2014 and April 2015 as part of the Productive General Practice initiative and the results shared with the inspection team. The results showed staff satisfaction levels across a range of areas had improved. Staff surveys are conducted every six months.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. They had a Quality Improvement Plan in place which involved collecting and using information to improve the quality of services and systems and processes and examples of the areas being looked at through the plan were:

- Significant Event analysis and reports
- Internal communications through the web based, app enabled electronic system
- Clinical recall systems
- Safeguarding reports – protected time
- Repeat prescribing process/e-prescribing
- Leeds Care Record and end of life electronic template

- Care homes enhanced service
- GP consultations proposal (longer appointments)

The practice were used the PDSA cycles (plan, do, study, act) to design, implement and review their improvement projects and provided evidence of three particular projects. Results from one on 'Improving access to NHS Health Checks' showed that the team had met their target for health checks five months before their planned date. Results from another on 'Premature mortality from cancer' had identified the reason for the higher level of cancer diagnosis than expected and the audit associated with this scheme showed that all standards set for cancer, had been met.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. One example of this is the weekend and bank holiday scheme. The practice was also participating in the Productive General Practice Programme and through this had developed a Practice Improvement Plan implemented in September 2014 and which was due to be reviewed in 2016. To support the success of this plan the partnership committed to a weekly session per partner (subject to satisfactory appointment availability) of protected time for this work. The Practice also used their TARGET (protected learning time) sessions to support the implementation of the plan. The improvement plan was based on intelligence from a number of sources including NHS choices, national GP Patient Survey, complaints and SEAs, NHSE GP High Level Indicators and Outcome Standards, QoF monitoring, the practice public health profile, quarterly referral and prescribing data and audit work. The work was divided into four key themes. These being:

- Patient Care
- People
- Premises
- Partnership