

Dr R D Gilmore and Partners

Inspection report

Bellmount Close
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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 location

Good



Are services well-led?

Good



Overall summary

We carried out an announced comprehensive inspection at Dr R D Gilmore and Partners on 15 March 2018. The overall rating for the practice was good, with a rating of requires improvement for providing well led services. The full comprehensive report on the March 2018 inspection can be found by selecting the 'all reports' link for Dr R D Gilmore and Partners on our website at .

In addition to the areas for improvement identified under the key question of providing well led services, we also identified areas for improvement for providing effective services for the population group people with long term conditions. We said the practice should consider improving the following areas:

- Review and improve systems for Quality and Outcomes Framework (QOF) patient recalls.

This inspection was an announced focused inspection carried out on 8 November 2018 to review the improvements made by the practice following our previous inspection in March 2015.

At this inspection we found:

- The practice had signed up to the Productive General Practice quick start programme to review their QOF recall processes. This involved clinical and non-clinical staff to get a good understanding of the process from start to finish. As a result of the review, the practice had agreed a common approach and implemented the new recall system in August. We saw a number of improvements to the recall system including:
 - Patients were recalled by month of birth, offering a single approach to booking appointments.
 - All necessary blood tests were carried out by health care assistant in preparation for review.
 - Patients with more complex symptoms of diabetes were booked in with lead diabetes nurse who was also an independent prescriber.

- In addition, the practice was proactively trying to engage with patients during routine appointments to book reviews and additional nursing appointments had been allocated for reviews. However; the changes implemented had not been in place for long enough to demonstrate effective care for people with a long-term condition.
- The practice had introduced a new system for management of complaints. All complaints were reviewed at the clinical meeting to ensure appropriate learning was identified and action implemented.
- The practice was working with the NHS Leeds Clinical Commissioning Group to review capacity and demand planning in order to improve access for patients. This was a continuing area of focus for staff at the practice.
- Following our inspection in March 2018, the practice had introduced local leadership via a front-line services manager to improve communication and support for staff.
- The practice had commissioned an independent staff engagement survey to obtain feedback and address issues raised by staff.

The area where the practice should make improvements are:

- Continue to monitor and improve performance against Quality and Outcomes Framework performance for patients with long-term conditions.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

People with long-term conditions

Requires improvement



Our inspection team

Our inspection team was carried out by a Care Quality Commission (CQC) inspector.

Background to Dr R D Gilmore and Partners

Dr R D Gilmore and Partners provide services from Manor Park Surgery which is located on Bellmount Close, Bramley, Leeds, LS13 2UP.

The surgery is a purpose built, two storey building with on-site parking facilities, including dedicated spaces for those with limited mobility. The practice is accessible to those patients with limited mobility, or those patients who use a wheelchair.

Dr R D Gilmore and Partners are registered with the Care Quality Commission to carry out the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder and injury

At the time of our inspection there were approximately 14,650 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England.

The Public Health National General Practice Profile shows the majority of the practice population to be of white British origin; with approximately 6% of the population to be mixed ethnic groups.

The level of deprivation within the practice population is rated as two, on a scale of one to ten. Level one represents the highest level of deprivation and level ten the lowest.

The average life expectancy for patients at the practice is 77 years for men and 82 years for women, compared to the national averages of 79 and 83 years respectively.

The practice offers a range of enhanced services which include childhood vaccinations and immunisations and extended hours.

The service is provided by four GP partners (three male and one female) and five salaried GPs (one male and four female).

The GPs are supported by an advanced nurse practitioner, a senior practice nurse, four practice nurses and four health care assistants (female).

The clinical team are supported by a subsidiary company which provides all non-clinical support services including booking services, front desk reception staff, human resources, payroll and practice management functions.

The practice reception desk is open between 7am and 7pm Monday to Friday. Extended hours are offered between the hours of 7am and 8am and 6.30pm to 7pm Monday to Friday. However; GP appointments and access to the practice by telephone was only available until 6pm.

The practice has recently joined the Pudsey locality hub; this offers patients access to appointments from 8am until 1pm on Saturday and 8am until 12pm on Sunday.

When we returned for this inspection, we checked and saw that the previously awarded ratings were displayed as required in the premises and on the practice website.

Are services well-led?

At our previous inspection in March 2018, we rated the practice as requires improvement for providing a well-led service. This was because:

- The management and support service had recently been transferred to a subsidiary company which had taken over services for Dr R D Gilmore and Partners and another local practice. As a result of this there had been an impact on some elements of governance arrangements and we received feedback from some staff regarding lack of local leadership.
- Some of the staff we spoke with, or had feedback from, told us that there was a lack of communication between teams.
- Some staff were not confident that their concerns would be addressed.

At this follow up inspection on 8 November 2018 we found that the practice had taken steps to address the areas for improvement identified. The practice is now rated as good for providing a well led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The subsidiary company had introduced a front-line services manager to work across Dr R D Gilmore and Partners and another local practice to improve communication between teams. In addition, the practice had a dedicated site co-ordinator as a direct point of contact for all staff.
- Managers had focused on improving the culture of the practice by ensuring consistency, openness and transparency. In addition, the management team were working to seek feedback from staff and empower them to make suggestions. For example; a care navigator had identified an issue with the appointment system and suggested a new approach. The practice was due to try the new approach the following week.
- We received written feedback from staff members prior to our inspection. All of the feedback we received was positive regarding communication, raising concerns and action taken as a result and support from team and management. However; some of the feedback also contained less positive comments regarding the appointment system and support from GPs.

- The practice had commissioned an independent staff engagement survey to obtain feedback and address issues raised by staff. The survey had been completed by 80% of staff. Managers had shared the results with staff, identifying strengths and areas for improvement:
 - 73% said staff engagement was high
 - 78% said managers were engaging
 - 63% said employee voice was heard

As a result of the survey the practice had shared next steps to address the areas for improvement. This included departmental meetings to discuss the results; develop and action plan and meetings to discuss progress against the action plan.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The practice had liaised with the NHS Leeds Clinical Commissioning Group to restructure the patient participation group and was working to appoint a patient representative as vice chair to support engagement going forward.
- The practice had produced an action plan to address issues raised in response to national GP survey and was working with the NHS Leeds Clinical Commissioning Group to review capacity and demand planning in order to improve access for patients. This was a continuing area of focus for staff at the practice.

Continuous improvement and innovation

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

- The practice had introduced a new system for management of complaints. All complaints were reviewed at the clinical meeting to ensure appropriate learning is identified and action implemented.

Please refer to the evidence tables for further information.