

Bramham 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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection October 2015 - Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Bramham Medical Centre on 15 February 2018. We carried out this inspection as part of our inspection programme.

At this inspection we found:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Results from the national GP patient survey were consistently good and patient feedback we received on the day largely supported this.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice was involved in a number of local and national initiatives. For example; the locality scheme pilot for a visiting GP service over the winter period and the NHS 111 pilot scheme allowing patients to be remotely allocated to a GP appointment during hours.
- The practice was aware of challenges facing smaller providers and were exploring options to overcome these.

The areas where the provider **should** make improvements are:

- Continue to embed the new system and keep records of prescription numbers in order to monitor usage of both printed and blank prescriptions.

Summary of findings

- Implement fully the significant event policy and supporting reporting form in order to maintain an adequate record of learning from all significant events and incidents.
- Arrange for the Infection Prevention and Control lead to receive additional training to support them in the role.
- Continue to review and improve the function of the patient participation group.
- Review exception reporting rates for the Quality and Outcomes Framework to assure themselves that patients are being excepted in line with the latest guidance.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Bramham Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a CQC inspection manager.

Background to Bramham Medical Centre

Bramham Medical Centre is located on Clifford Road, Bramham, Wetherby, LS23 6RN. Bramham is a village situated approximately three miles south of Wetherby and mid-way between Leeds and York. As the practice is situated in a rural location, they offer dispensing services to their patients.

Bramham Medical Centre is housed in a single storey, converted bungalow with on-site parking facilities, including dedicated space for those with limited mobility. The practice is accessible to those patients with limited mobility, or those patients who use a wheelchair.

At the time of our inspection there were 3,507 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 2% of the population to be mixed ethnic groups. The level of deprivation within the practice population is rated as ten, on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest.

The practice offers a range of enhanced services which include childhood vaccination and immunisations, minor surgery and extended hours.

The service is provided by two GP partners (one male and one female) and a business partner (female). The partners work across two sites and are responsible for providing the contract at a sister site located in South Milford.

The partners are supported by three salaried GPs (one male and two female). The clinical team is completed by a nurse clinical lead, a practice nurse, two health care assistants and two phlebotomists.

The clinical team are supported by an experienced team of managerial and administrative staff.

The practice is open between 8am and 1pm and from 2pm until 6pm Monday to Friday. A range of appointments are offered between these hours.

In addition, extended hours are offered between the hours of 6pm until 8pm on Monday evenings.

Out of hours care is provided by Local Care Direct, which is accessed by calling the surgery telephone number, or by calling the NHS 111 Service.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services. This was because:

- **At the time of our inspection there was no system in place to monitor usage of prescriptions.**
- **We were unable to see documented evidence of incidents being recorded, discussed and learning being shared with staff within the practice in all cases.**
- **The Infection Prevention and Control lead had not received additional training to support them in the role and the provider did not keep a record of the regular cleaning of fabric privacy curtains.**

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training and a Health and Safety Act poster was displayed in the practice. The practice had developed a Control of Substances Hazardous to Health (COSHH) assessment and had appropriate data sheets to support staff.
- The practice had systems to safeguard children and vulnerable adults from abuse. The practice had a dedicated safeguarding lead who had undertaken safeguarding adults and children level four training. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). There was a dedicated IPC lead, however at the time of our inspection they had only been acting as lead for a short period of time and had not received additional IPC training.
- We noted that curtains in one of the treatment rooms were fabric and saw that they had been cleaned within six months prior to our inspection. However; the practice did not keep a documented log of this to evidence that regular cleaning was undertaken.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely, however at the time of our inspection there was no system in place to monitor usage of prescriptions. We received confirmation from the practice following our inspection that a system had been implemented.
- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

- Arrangements for dispensing medicines at the practice kept patients safe.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for identifying significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. However; we were unable to see documented evidence of incidents being recorded, discussed and learning being shared with staff within the practice in all cases. We received evidence from the practice following our inspection which included a significant event policy and a supporting reporting form which had been implemented.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was comparable to other practices in the Clinical Commissioning Group (CCG) and nationally for the prescribing of medications such as Hypnotics (drugs whose primary function is to induce sleep) and antibacterial prescription items (drugs used to kill bacteria).
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used an electronic messaging system to communicate for non-urgent matters. For example; test results, medication reviews and general queries.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice participated in the clinical commissioning group frailty scheme. This aimed to identify patients with severe frailty as indicated by the electronic frailty index. The practice was then able to review care and provide individualised support in conjunction with other providers.

- The practice worked closely with local volunteer groups such as 'Wetherby in Support of the Elderly' (WiSE). This organisation provides a café and lunch clubs. Patients could then access support to other services specific to their needs.
- Patients over 65 years were encouraged to take up an annual seasonal flu vaccination. We saw that 75% of eligible patients had received this vaccination in 2017/18. This was the same as the national target of 75%.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice offered a weekly international normalised ratio (INR) blood testing session for patients prescribed warfarin to avoid them having to travel to a hospital setting to receive this test. An INR test measures how long it takes for the blood to clot and is required to monitor patients being treated with warfarin.
- The practice used an electronic system to monitor patients using high risk medications to ensure all appropriate tests were carried out and providing an efficient call and recall system.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice hosted a weekly midwifery service for patients to access and worked closely with the local health visiting team.
- In addition, the practice offered in-house six week baby checks to carry out physical examinations and health promotion.

Working age people (including those recently retired and students):

Are services effective?

(for example, treatment is effective)

- The practice's uptake for cervical screening was 80%, which was better than the CCG average of 75% and national average of 72%
- 72% of eligible females had received screening for breast cancer in the preceding three years, which was higher than the CCG average of 68% and national average of 70%.
- 69% of eligible patients had received screening for bowel cancer in the preceding 30 months, which was higher than the CCG average of 58% and national average of 55%.
- The practice had systems to offer eligible patients 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 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had installed a health check pod for self-checking routine health measurements such as blood pressure and weight.

People whose circumstances make them vulnerable:

- 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 worked with a social prescriber to sign post vulnerable or elderly patients to other support such as befriending and advocacy services.

People experiencing poor mental health (including people with dementia):

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 87% and national average of 84%.
- 88% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the CCG average of 93% and national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% (CCG average 93%; national

average 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 96% (CCG average and national averages 95%).

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. For example; the practice had carried out an audit to identify patients who had not received the MenACWY vaccination at school age in order to offer the vaccination prior to any higher education. MenACWY is a vaccination to prevent meningitis and septicaemia.

The most recent published Quality and Outcomes Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 14% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

We reviewed the QOF information in more detail during our inspection and saw that the practice had high exception reporting for the indicators relating to depression and hypertension. Following a review of the clinical system we saw that the rule set for the depression indicators had changed and the practice had carried out reviews of 90% of patients. It was not always clear why exception reporting had been used for patients with hypertension. We discussed this with a GP on the day who agreed to review the register and address this.

The practice used information about care and treatment to make improvements. We reviewed a sample of audits which included a dermatology referrals audit, testosterone therapy audit, anti-coagulation monitoring audit and MenACWY audit. As a result of the initial MenACWY audit in 2016, practice identified 29 patients who had not received the vaccination. Of the 29 patients, 17% were vaccinated following contact from the practice. As part of the learning from the first cycle of the audit the practice agreed to

Are services effective?

(for example, treatment is effective)

continue to recall patient and increase the recall process the following year to increase uptake of the vaccination. A second cycle of the audit was carried out in January 2018 when the practice achieved 32% uptake of the vaccination.

Where appropriate, clinicians took part in local and national improvement initiatives. For example; the practice led a locality scheme to pilot a dedicated visiting GP service over the winter period. The scheme was aimed to allocate more time to home visits but also reduce workload for GPs in surgery to enable more appointments to be offered.

In addition, the practice was also taking part in the NHS 111 pilot scheme allowing patients to be remotely allocated a GP appointment during surgery hours by the urgent care call handlers.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. However; we noted that the newly appointed infection prevention and control lead had not received additional training to support them in the role at the time of our inspection.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. This included access to a social prescribing service. This provided additional support and advice for people to enable them to make the best use of support services locally by use of signposting and one to one support. We saw that the practice had made a total of 26 referrals into the service.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- We received eight patient Care Quality Commission comment cards which were mainly positive about the service experienced. Seven of the cards we received contained comments such as 'first class treatment' and 'very good all round'. However two of the cards contained less positive comments regarding their treatment by some reception staff.
- The results from the NHS Friends and Family Test (published in November 2017) demonstrated that 88% of patients would be likely, or extremely likely to recommend the surgery.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and seventeen surveys were sent out and 110 were returned. This represented about 3% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses in most areas. For example:

- 97% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 94% of patients who responded said the GP gave them enough time; (CCG average 88%; national average 86%).
- 99% of patients who responded said they had confidence and trust in the last GP they saw; (CCG average 96%; national average 95%).
- 95% of patients who responded said the last GP they spoke to was good at treating them with care and concern; (CCG average 87%; national average 86%).

- 86% of patients who responded said the nurse was good at listening to them; (CCG and national averages 91%).
- 88% of patients who responded said the nurse gave them enough time; (CCG and national averages 92%).
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; (CCG and national averages 97%).
- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; (CCG average 90%; national average 91%).
- 84% of patients who responded said they found the receptionists at the practice helpful; (CCG average 89%; national average 87%).

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Although the number of patients whose first language was not English was very low, staff told us that telephone interpretation services could be accessed if required.
- A hearing loop was available for patients with hearing difficulties.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. Patients who were registering at the practice were asked to disclose whether or not they acted in a caring role. In addition the practice discussed carers with all patients identified as part of the elderly frailty scheme to establish whether they had a carer who was also a registered patient. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 85 patients as carers (2% of the practice list).

Staff told us that if families had experienced bereavement, their usual GP contacted them and discussed any additional support which was needed. This call was followed by a patient consultation at a flexible time and location to meet the family's needs.

Are services caring?

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:

- 95% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 90% of patients who responded said the last GP they saw was good at involving them in decisions about their care; (CCG average and national averages 82%).

- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; (CCG average 89%; national average 90%).
- 77% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; (CCG average 83%; national average 85%).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example; the practice provided extended opening hours until 8.00pm on Monday evenings.
- The practice were working with other practices in the locality to provide additional extended hours one evening a week and on Saturday mornings.
- The practice worked with the locality to host a clinical pharmacist.
- The practice offered a range of online services such as repeat prescription requests, advanced booking of appointments and access to some elements of their medical record.
- The practice offered a dispensing service due to the rural location for patients who lived more than one mile from the nearest community pharmacy.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. Home visits were available on request for all registered patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered a home visiting service by GPs for patients who could not attend the surgery for an appointment. In addition, the home visiting scheme had been extended to include the practice nurse to enable patients to have bloods taken in their own homes.

- The practice worked closely with the social prescriber and other organisations to improve services for older people. For example; at the time of our inspection they were working with the social prescriber and local village committee to develop links for older patients such as access to Christmas lunch for those patients who were on their own.
- The practice provided a delivery service for patients aged 60 and over for dispensed medication.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice had recruited an additional nurse into the team to give more availability for reviews and had introduced a practice nurse into the extended hours surgery, particularly for working aged people.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. The practice had an emergency protocol in place to support this.
- The practice offered a full contraceptive service which included injections, intrauterine devices (IUD) and implant fitting and removal. An IUD is a device which is placed into the womb to protect against pregnancy.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended opening hours on Monday evenings during which patients could access appointments with a GP or practice nurse.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including patients receiving palliative care treatment and those with a learning disability.
- Patients were encouraged to identify themselves as carers and we saw information available in the reception area which signposted to various support groups.
- The practice offered longer appointments where necessary if more time was required with a GP or practice nurse.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice were aware of relevant services such as the community mental health team, Improving Access to Physiologic Therapies (IAPT) and community psychiatric nursing team and referred into these services as appropriate.
- The practice held regular multidisciplinary team meetings which provided an opportunity to ensure appropriate care planning for patient experiencing mental health difficulties.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- On the day of inspection we saw that routine appointments were available to book within two working days with both a nurse and a GP.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and the majority of completed comment cards. As part of the national patient survey, 217 surveys were sent out and 110 were returned. This represented about 3% of the practice population.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 87% of patients who responded said they could get through easily to the practice by phone; (CCG average 77%; national average 71%).
- 90% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; (CCG average 86%; national average 84%).
- 91% of patients who responded said their last appointment was convenient; (CCG average 83%; national average 81%).
- 80% of patients who responded described their experience of making an appointment as good; (CCG 75%; national average 73%).

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Four complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way. However; we noted there was no process in place to record what date the complaint had reached the practice so all timescales had to be taken from the date of the letter. We discussed this with the practice manager on the day of our inspection who agreed to review this.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. However; the practice had undergone a change in partnership and was working with a larger sister practice. Despite these being separate providers, leaders had acknowledged this had resulted in change for Bramham Medical Centre and were taking steps to ensure changes were communicated effectively and staff were supported. For example; the practice had introduced communication meetings at times to accommodate both clinical and non-clinical staff across both practices. The practice had also introduced an enhanced patient services induction programme over a three month period to integrate new staff into the practice.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The vision statement was clearly displayed in the waiting room.
- The practice had initially developed its vision, values and strategy jointly with staff. However; some staff we spoke with told us they would like more involvement into the strategic development of the practice in order to have input into how services were developed.

- Leaders were aware of the challenges facing smaller practices and had explored merger options with local practices to increase scale. In addition; they had applied for funding to extend the current premises but these options had not been successful at the time of inspection.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance that was not consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Are services well-led?

Good 

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

- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management. During the inspection we noted there was no system in place to monitor usage of prescriptions and the arrangements for documenting significant events and incidents was inconsistent. However; we received evidence from the practice directly following our inspection that these issues had been addressed. These improvements now need to become embedded in the practice.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However; we noted the infection control lead was new to this role and had not received enhanced training to support them.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example; the practice were utilising staff at Bramham Medical Centre and the sister surgery across both sites to increase skill mix.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example; the practice pro-actively encouraged patient feedback via friends and family comment cards available in the waiting area. The practice had updated the website as a result of patient feedback to make navigation around the pages easier.
- At the time of our inspection the practice had limited interaction with patients through a virtual participation group. We spoke with two patients on the day of our

Are services well-led?

Good 

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

inspection who were keen to be involved in the patient group and to have a face to face meeting. As a result of this feedback we received confirmation from the practice that the first meeting would be held in April.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example; the practice worked with other practices in the

locality to employ a clinical pharmacist. As a result of patient feedback regarding length of time for blood tests the practice had introduced an additional phlebotomy session.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.