

The Practice Harehills Corner

Inspection report

209 Roundhay Road
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October 2018
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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 safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as good overall. The practice had been previously inspected in October 2014 when it was rated good overall and across all key questions.

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

We carried out an announced comprehensive inspection at The Practice Harehills Corner on 17 October 2018 as part of our inspection programme.

At this inspection we found:

- The practice had arrangements to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patient access to extended hours and weekend appointments had recently improve through partnership and collaborative working with a group of local practices.

- Patient feedback regarding access and involvement in consultations was mixed. The practice actively reviewed patient feedback and had developed actions to seek improvement.
- The practice tailored services to meet the needs of the local population.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice responded quickly to issues identified on the day of inspection and put in place measures immediately resolve these.

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

- Review and improve authorisation processes for Patient Group Directions.
- Continue to review the oversight of fire safety and clinical waste arrangements.
- Review and improve the identification of carers within the practice population.
- Review and improve processes in relation to the recording of vaccine batch numbers, expiry dates and stock usage.
- Continue to review and support the improvement of bowel and breast cancer screening rates.
- Continue to review and improve areas of satisfaction in relation to patient consultations and access to appointments.

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

Population group ratings

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	

Our inspection team

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

Background to The Practice Harehills Corner

The Practice Harehills Corner is located at 209 Roundhay Road, Leeds, West Yorkshire, LS8 4HQ. The surgery is part of Chilvers & McCrea Limited (branded as The Practice PLC Group) which operates a number of practices across the country. The parent organisation offers key support to individual practices which include:

- Human resources
- Legal
- Clinical and information governance
- IT support
- Facilities management

Support is available to the practice at both a regional and a national level. The day to day operation of services outside the scope of this support is delegated to the individual practice.

The building is a converted domestic property and is situated in a busy mixed residential and business area in Leeds. Facilities include a range of consulting and treatment rooms with a reception area and supporting administrative areas. The building was accessible for those with a physical disability, and parking was available on nearby streets.

The practice has a Personal Medical Services (PMS) contract. A PMS contract is the contract between general practices and the commissioning body for delivering

primary care services. The practice currently provides services for around 4,100 patients. The practice is a member of the NHS Leeds Clinical Commissioning Group (CCG.)

The practice is registered with the Care Quality Commission to deliver services in relation to:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services

A wide range of services are available at the practice and these include:

- Dementia support
- Learning disability support
- Immunisations and vaccinations
- Cytology (cervical smears)
- Chronic disease management

The population age profile shows that it has a high number of patients aged under 18 years at 30% compared to CCG and national averages of 21%. The 2016/17 practice profiles shows that 61% of patients had a long-standing health condition which is above the local average of 52% and the national average of 54%. The practice serves some areas of higher than average unemployment and deprivation, being ranked in the first

decile of multiple deprivation (the first decile being the most deprived and the tenth decile being the least deprived). The practice has a mixed population with 47% of patients identifying as Asian, 29% as White British, 6% mixed race, 15% Black and 3% Other.

Clinical services are provided by three salaried GPs (two male, one female), one Advanced Nurse Practitioner/nurse prescriber (female), one practice nurse/nurse prescriber (female), one practice nurse (female) and one health care assistant (female). A pharmacist also works within the practice to support the clinical team with medication reviews and specific advice. The non-clinical team consists of a practice manager, and a team of reception and administration staff. The practice also hosts student nurses during their training period.

The practice opening times are Monday 8am to 8pm, Tuesday, Wednesday and Thursday 8:00am to 6:30pm and Friday 7:30am – 6:30pm.

Working in collaboration with thirteen other practices patients from the practice could access extended hours services at other local sites from Monday to Friday 6pm to 10pm, and at weekends from 9am to 3pm. In addition, via this collaborative working agreement patients could also access services such as physiotherapy support.

The practice appointments include:

- Pre-bookable appointments
- Urgent and on the day appointments
- Telephone consultations
- Home visits

When the practice is closed, urgent healthcare advice that is not a 999 emergency is provided by telephoning the local Out of Hours NHS 111 service.

The practice was displaying the rating of the previous Care Quality Commission inspection carried out in October 2014 both in the waiting area and on the practice website.

Are services safe?

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- A number of patient group directions had not been either fully authorised or authorised in a timely manner.
- Clinical specimens were stored in an area where the public had open access.
- The bulk exterior clinical waste bin was unlocked and accessible to non-authorised persons.
- Processes were not in place to log or record incoming vaccine batch numbers, expiry dates, or their usage within the practice.
- Window blind cords in some areas posed an entanglement risk.
- Fire evacuation signage which indicated escape routes on the first floor was limited.

We saw that many of the issues highlighted above were rectified by the provider either on the day of inspection or shortly afterwards.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.

- There was a system to manage infection prevention and control (IPC), and a clinical lead had been appointed to oversee this service area. A recent IPC audit had been carried out and the practice was analysing the results and planned to action the points raised.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens to keep people safe were not fully in place at the time of inspection:
 - Clinical specimens were being stored in an area where the public had open access. This was both an infection prevention and control risk and a patient confidentiality risk. When informed of this the practice took immediate action to relocate the specimens to a secure room.
 - The exterior bulk clinical waste bin was unlocked and accessible to non-authorised persons. When informed of this the practice revised their operating procedure and ensured the bin was kept locked between loading and collection.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. As part of a larger practice provider organisation there was the availability to transfer staff between practices to meet immediate staff shortfalls.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including 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

Are services safe?

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had some systems in place for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including medical gases, emergency medicines and equipment, minimised risks. Vaccine storage temperatures were regularly monitored and were satisfactory. In addition, whilst the practice recorded the delivery dates and quantities of vaccines received, they had not logged the vaccine batch numbers, expiry dates, or their usage.
- Staff generally prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. However, a number of patient group directions (PGDs) had not been either fully authorised or authorised in a timely manner (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber such as a doctor or nurse prescriber).
- There were effective practices and procedures in place for verifying the identity of patients during telephone consultations.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice had pharmacist support within the practice to carry out medicine reviews, support medicines optimisation work and offer specialist advice when required.

Track record on safety

The practice overall had a good track record on safety, however a number of issues were identified during the inspection.

- There were comprehensive health and safety risk assessments and legionella assessments in place. The cleaner's cupboard was found to be unlocked, and this contained a chemical which had not had a chemical safety assessment made for its usage. When we discussed this, the practice told us that this would be actioned.
- The practice had an up to date fire risk assessment and staff had received mandatory fire safety training. There was limited fire evacuation signage on the first floor which directly indicated the exterior fire escape. This issue had been rectified by the end of the inspection.
- The practice monitored and reviewed activity at regular intervals. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.
- We saw that the practice had taken appropriate action when previous risk assessments had highlighted issues or concerns.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.
- We saw that both incidents and alerts were discussed at team meetings.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services overall and across all population groups.

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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions, and staff had received mandatory equality and diversity training.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice pharmacist worked with patients to ensure that they effectively managed their medication and ordering only what they needed.
- Staff used care navigation techniques which guided patients to more appropriate routes to access care and treatment, such as accessing treatment and advice for minor ailments from a pharmacy rather than by attending a GP practice.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. Patients at high risk were discussed with the community matron and nursing team on a quarterly basis.
- All patients aged over 75 years received an annual review. This was a holistic review which focused on social, physical and psychological health and support structures for the individual.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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. Performance in relation to patient reviews were either at or above national averages. For example, 91% of patients on the asthma register had received a review in the previous 12 months compared to CCG and national averages of 76%.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%. Based on data from 2016/17 the practice had achieved a child immunisation rate over the four key measures of 97%.
- The practice had arrangements for following up failed attendance of children's appointments or for immunisations.
- The practice told us its approach to family health. They informed us that this started from the moment pregnancy was confirmed, and involved building a care package around the needs of the family. When necessary this involved the assessments and reviews, supporting lifestyle changes and giving advice.
- 6-8 week mother and baby clinics were held. This gave practice staff the opportunity to discuss key health topics with new parents including the importance of immunisations.

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

- The practice's uptake for cervical screening was 77%. This was below the 80% coverage target for the national screening programme, but above the local CCG average of 74% and the national average of 72%. The practice told us that staff encouraged participation and recalled patients regularly.
- The practice's uptake for breast and bowel cancer screening was below the local and national averages.

Are services effective?

The practice was aware of this performance and had put in place measures to improve this which included raising patient awareness, the appointment of a bowel cancer champion and explaining screening processes to patients. The practice was also aware of some cultural barriers to participation and tried to engage with patients to remove these. Since the inspection, we have been sent unverified data by the practice which showed that between November 2016 and November 2018 186 out of 200 eligible patients (93%) had participated in the bowel cancer screening programme.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS health checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. We saw unverified data that showed that the practice had exceeded their planned numbers of NHS health checks in 2017/18.
- New patients on registration were offered blood-borne virus and tuberculosis screening.

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 held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. Vulnerable patients were clearly identified on the patient record.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to regular health checks and lifestyle interventions. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was above local and national averages. For example, 100% of patients diagnosed with dementia had received a face-to-face care plan review in the preceding 12 months compared to a CCG average of 87% and a national average of 84%.

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. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- The practice had carried out a number of clinical audits in the past 12 months to assess performance and improvement. These included audits in relation to:
 - Sodium Valproate
 - Antibacterial prescribing
 - Medication reviews
 - Disease-modifying antirheumatic drugs

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.
- 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.

Are services effective?

- The practice understood the learning needs of staff and provided 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. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long-term conditions and when coordinating healthcare for vulnerable patients such as the frail elderly and care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services.
- 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. For example, the practice participated in social prescribing initiative and could refer patients on via a third party for housing and other social care advice.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health. This approach was a cornerstone to their interaction and support for patients with long-term conditions.
- We received feedback which indicated that 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. Due to the high number of patients whose first language was not English the practice was able to access interpretation and translation support to ensure communication and understanding was effective, in addition staff within the practice had supplementary language skills.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback we received on the day of inspection from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Overall the practice showed mixed patient satisfaction for the provision of caring services, based on data from the national GP patient survey. For example, only 78% of respondents stated that the last time they had a general practice appointment the healthcare professional was good at listening to them, compared to CCG and national averages of 89%. However, 100% of patients stated that during their last GP appointment they had confidence and trust in the health professional they saw or spoke with compared to a CCG average of 95% and a national average of 96%.
- Feedback received on the day of inspection was very positive with regard to the caring attitude of the staff at the practice.
- We discussed areas of lower than average patient satisfaction within the national GP patient survey with the practice. They told us that they had examined the results carefully and took seriously the points raised. In response to this the practice had developed an action plan to improve performance in relation to patient experience, this included actions such as additional customer care training for staff.
- The practice was caring and culturally responsive to the needs of those approaching end of life and the families of bereaved patients. They understood the specific cultural needs of some of their practice list. For example, when a patient approached end of life they shared an out of hours contact telephone number with the families of these patients. This enabled them to inform the practice of the death promptly. This then allowed the practice to complete the death certification process as soon as possible.

- We heard from the practice how they had specifically supported and shown care to vulnerable individuals who had suffered a family bereavement.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, using staff language skills or formal interpretation services.
- 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 carers and supported them. The number of identified carers was below 1% of the practice population.
- The practice showed mixed performance regarding the involvement of patients in decisions about their own care. Patients feedback on the day was very positive and a number of patients stated that the staff explained treatment options to them. In the national GP patient survey only 84% of patients said they were involved as much as they wanted to be in decisions about their care and treatment. Whilst this was a majority of patients it was still below the CCG and national averages of 94%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- Feedback we received from patients on the day of inspection confirmed that they felt respected by staff, whom they found helpful and caring.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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 patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services, and we heard that staff would endeavour to meet added demand during regular sessions.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Results from the national GP patient survey showed that only 78% of patients felt that their needs were met at their last general practice appointment compared to CCG and national averages of 95%. This was not reflected within comment card feedback and individual patient interviews which were generally positive regarding how the practice responded to their needs.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- All patients aged over 65 years of age with moderate or severe frailty received an annual review to assess their ongoing needs. This also included pharmacist led medication reviews.
- Flu, shingles and pneumonia vaccinations were available to eligible patients. We saw unverified data which indicated that flu vaccination uptake had reached 80% in 2017/18 for patients over 65 years old.

- The practice signposted patients to local community and voluntary sector organisations when it identified need.

People with long-term conditions:

- Patients with diabetes and other long-term conditions were managed using the collaborative care and support planning approach. These patients received screening/ testing and attended the practice again when they discussed the results. They were then encouraged and supported self-care and personal responsibility, and the setting of goals to help them improve their lifestyle and through this their condition.
- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Patients with diabetes were referred to local clinics, and with their consent to the National Diabetes Prevention Programme.
- The practice encouraged patients to self-refer to the "One You Leeds" programme a free local healthy living service designed to support Leeds residents to start and maintain a healthy lifestyle. Activities supported included weight management and healthy eating.
- The practice held regular meetings with the community matron and local nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We saw 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Children highlighted as being in need of additional support were signposted or referred to specialist services.
- The practice offered measles, mumps and rubella vaccinations to all ages who were not already immunised in response to a recent outbreak in Leeds.
- The practice had recognised the needs of female patients and had appointed a female GP in March 2018.
- As part of their local collaborative working initiative the practice used the services of a patient ambassador who attended on a weekly basis and who could engage with

Are services responsive to people's needs?

hard to reach patients. Activities had included engagement with parents who had missed child immunisation appointments, or adults who failed to attend medication reviews.

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, extended opening hours and weekend appointments were available to patients via collaborative working with nearby practices. These were appointments available at other locations in the city.
- Within the practice extended hours were offered on Monday evenings until 8pm and from 7:30am on Friday mornings.
- Online prescription requests and appointment booking was available to patients, as were telephone consultations.
- Text messages were available to use as a patient's preferred method of communication.
- The practice was able to offer services for patients closer to home. In-house services included phlebotomy, 24-hour blood pressure monitoring and electrocardiograms.
- In-house stop smoking services were offered to patients.
- Social prescribing referral was available for patients who needed advice on issues such as housing, debt or social isolation.
- NHS health checks were offered to patients and those identified as being at over 10% risk of developing a long-term condition received an annual review to help reduce the risk of future issues.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances, this included homeless people, and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Vulnerable patients were able to access appointments which were flexible to their needs. For example, they could access longer appointments or have information given to them in alternate formats.

- Vulnerable patients were offered specific advice to meet their needs. For example, the practice offered advice to vulnerable patients and groups during Ramadan regarding their health and care.

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.
- Staff supported patients experiencing poor mental health to access additional assistance via a single point of access crisis team and/or the community mental health team.
- The practice maintained a register of patients experiencing mental health issues.
- The practice had processes in place to identify patients who had experienced memory loss. In addition, staff referred patients to a local memory clinic to ensure specialist support is available as soon as possible.

Timely access to care and treatment

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.
- Patients reported and feedback to us on the day that the appointment system was easy to use.
- The practice had generally performed in a manner that was either comparable to or below local and national averages for questions relating to access to care and treatment collected in January to March 2018 as part of the national GP patient survey. For example, 61% of respondents said it was easy to get through to someone at their GP practice on the phone compared to a CCG average of 74% and a national average of 70%.

We discussed this performance with the practice who explained to us that they had examined these results and had developed and implemented specific actions to improve this performance. This included:

Are services responsive to people's needs?

- Improving and extending access by working in collaboration with a group local of practices, this enabled patients to access appointments at other locations from 6pm to 10pm Monday to Friday, and from 9am to 3pm at weekends.
- The allocation of additional staff resources being made available to deal with incoming telephone calls at peak periods.

Due to the timing of these improvements evidence of the impacts of these actions had been limited, although a number of comment cards and interviews with patients during the inspection indicated that accessibility was not a major issue.

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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. It was noted that when we checked complaint correspondence in one instance the letter had not included the details of the Parliamentary and Health Service Ombudsman should the complainant have wished to escalate their concern. Since the inspection the practice has sent us evidence that a new template for complaint letters had been introduced which contained full complaint escalation details.
- The practice learned lessons from individual concerns and complaints, and also from analysis of trends. It acted as a result to improve the quality of care. Complaints were openly discussed at team meetings to aid learning and prevent recurrence.

Please refer to the evidence tables for further information.

Are services well-led?

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 were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. When required leaders within the practice could accessed support from the wider regional and national provider organisation.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop capacity and skills.
- Staff from the practice interacted with others in the local health provider community. We heard how the practice manager had a prominent role in the local health network and shared practice based approaches and resources.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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 care priorities across the region. The practice planned its services to meet the needs of the practice population. For example, the practice was aware of local needs in relation to conditions such as diabetes and had developed enhanced services and approaches to meet this need.
- The practice monitored progress against delivery of the strategy.
- The practice had set a number of objectives for 2018/19, these included:
 - Improving patient services and treatment via new protocols and processes.
 - Extending the in-house pharmacist role.
 - Developing individual patient management plans for all new and complex patients.

- Working with the CCG on the use of technology to deliver care such as via e-consultations.

Culture

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

- Staff stated they felt respected, supported and valued. They were happy to work in the practice, and felt that they worked well together as a team.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent 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 or registration requirements where necessary. Staff in advanced or senior clinical roles were able to access support and mentoring from regional or national staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between all staff.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

- The practice had adopted centrally produced provider policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were 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. For example, the practice carried out a systematic clinical risk assessment to identify and put in place controls to key operational risks.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety 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 considered and understood the impact on the quality of care of service changes or developments.
- We saw that past issues identified as requiring improvement had been actioned. In addition, when we raised areas which required improvement as part of this inspection the practice had begun to implement remedial actions quickly and kept us up to date with progress.

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 had actively planned responses in respect to some below average patient satisfaction responses in the national GP patient survey.

- 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 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. There was an active patient reference group (PRG). Feedback from the PGG indicated that they worked well with the practice, and that their views were respected.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- 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.
- The practice participated in local health improvement and extended access initiatives.
- The practice manager had shared with other health partners templates and supporting materials developed within the surgery.

Are services well-led?

Please refer to the evidence tables for further information.