

# The Highfield Medical Centre

## Inspection 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 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, but requires improvement for providing safe services.** (The previous comprehensive inspection was carried out on 31 August 2017 when the practice was rated inadequate overall)

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 Highfield Medical Centre on 31 August 2017. The overall rating for the practice was inadequate. The full comprehensive report on the August 2017 inspection can be found by selecting the 'all reports' link for The Highfield Medical Centre on our website at .

This inspection was an announced comprehensive inspection carried out on 3 May 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 31 August 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found:

- The practice had systems 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 had arrangements to ensure that the premises, facilities and equipment were safe and in good working order. However; at the time of inspection we were unable to see evidence that the provider was carrying out annual fire drills in line with HM Government Fire Safety Risk Assessment for healthcare premises guidance.

- The practice had a system for reviewing and discussing Medicines Health Regulatory Authority (MHRA) alerts, patient safety alerts and NICE guidance.
- 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.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- We saw evidence of improved governance systems including the implementation of clinical templates to ensure standardised care in line with current evidence based guidelines.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- The practice had a business vision and strategy to promote healthy outcomes for patients and all of the staff we spoke with felt supported by management.

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

- Review and improve the systems in place to ensure staff and patients are protected from the risk of fire at the premises by introducing a schedule of fire drills (this is particularly important when the refurbishment works are completed to ensure all staff are aware of evacuation routes).
- Continue to review and improve quality and outcomes framework performance and exception reporting, particularly around the care and treatment provided to patients with mental health conditions.
- Review and improve the range of vaccinations and immunisations offered to staff in line with Department of Health Guidelines.

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

## Population group ratings

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

## 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 Highfield Medical Centre

The Highfield Medical Centre is located on Highfield Road, Bramley, Leeds, West Yorkshire, LS13 2BL. The practice is located in a two storey; purpose built building which is accessible to those patients with limited mobility, or those patients who use a wheelchair. Clinical care is provided from the ground floor only. There are on-site parking facilities, including dedicated space for those with limited mobility. The website address is .

The practice is situated in the NHS Leeds Clinical Commissioning Group (CCG) and provides primary medical services under the terms of a Personal Medical Services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. There are currently 4,900 patients registered on the practice list.

The Public Health National General Practice Profile shows that around 8% of the practice population are of black or other mixed ethnicity, with 92% of white British origin. The level of deprivation within the practice population group is rated as two, on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest.

The practice offers a range of clinics which include sexual health, chronic disease management and childhood vaccinations and immunisation.


The Highfield Medical Centre is registered with the Care Quality Commission to provide the following regulated activities:

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


At the time of our inspection the practice were in the process of updating their registration with the Care Quality Commission. As a result of the inspection of 31 August 2017 the partners had liaised with two other local practices and the NHS Leeds Clinical Commissioning Group (CCG) and this had resulted in a new contract being awarded to two new partners with effect from November 2017. The three GPs who were partners at the time of our inspection in August 2017 had at that time rescinded their partnerships and left the practice.

The new contract was being provided by one GP partner (male) and one non-clinical managing partner (male). The partners were supported by a part-time salaried GP (female), four nurse practitioners, all female; a female practice nurse and healthcare assistant.

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



The practice is open between the hours of 8am and 6.30pm with a range of appointments offered between these hours. In addition the practice worked with other local practices to provide an extended hours service from 8am until 4pm on Saturday and 8am until 12pm on Sunday.



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.

When we returned to the practice, we checked, and saw that the ratings from the previous inspection were displayed, as required, on the practice premises and on their website.

# Are services safe?

## We rated the practice as Requires Improvement for providing safe services.

At the last inspection in August 2017 we rated the practice as inadequate for providing safe services. This was because:

- There was no evidence that Medicines and Health Regulatory Agency (MHRA) or other patient safety alerts were discussed by the clinical team. There was no lead within the team to review and take necessary action from updated National Institute for Health and Care Excellence (NICE) guidance or patient safety alerts and we did not see evidence that this information was disseminated and shared with the wider team.
- The process for recording significant events and incidents was inconsistent and lessons learned were not always clear or documented.
- Not all actions had been completed following an infection prevention and control audit dating back to October 2016.
- Patient referrals were not being actioned in a timely way.

At this inspection we saw that there were systems and processes in place to receive and act upon MHRA, NICE guidance and patient safety alerts. The practice had a dedicated clinical lead to oversee this process.

We found that effective systems were in place to record, document and learn from significant events and incidents. The practice could demonstrate that lessons learned were shared with staff and we saw evidence of this through minutes of meetings and a newsletter which analysed themes and trends across a 12 month period.

All actions relating to infection prevention and control had been completed and the infection control lead was scheduled to attend appropriate training to support them in this role. Following the inspection we received confirmation from the practice that the training had taken place. The practice were also due to commence refurbishment works to address issues due to the age of the building.

The practice had recruited additional secretarial support and all referrals were acted upon within a two to three day period.

However; at the time of the inspection we were unable to see evidence that the provider was carrying out annual fire drills in line with HM Government Fire Safety Risk Assessment for healthcare premises guidance.

In addition, we were unable to see evidence to confirm the full range of recommended vaccinations and immunisations were offered to all staff.

## 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.
- All staff knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- The practice had incorporated safeguarding measures into the new patient registration protocol for patients aged 0-16 years. When a patient in this age group had been registered and no confirmation of identification was received within a six week period, this would be highlighted to the child safeguarding lead and Caldicott guardian.
- 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. However; Hepatitis B vaccination was offered, but we were unable to review any evidence to demonstrate the practice was offering full vaccination screening in line with Department of Health recommendations in relation to MMR and varicella (chicken pox).
- The practice had arrangements to ensure that premises, facilities and equipment were safe and in good working order. However; at the time of inspection we were

# Are services safe?

unable to see evidence that the provider was carrying out annual fire drills in line with HM Government Fire Safety Risk Assessment for healthcare premises guidance.

- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were adequate systems 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.
- There was an effective induction system for 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

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. The practice had introduced recognised clinical templates to ensure standardised care in line with current evidence based guidelines.
- 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 now made timely referrals in line with protocols.

## Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff 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.
- 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.

## Track record on safety

The practice had a good track record on safety.

- 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 of safety that led to safety improvements.

## 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. For example; we saw evidence that significant events and incidents had been discussed in both clinical and practice meetings. In addition the practice had produced a newsletter for all staff which reinforced the process for incident reporting and contained an analysis of themes and trends.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

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

At the last inspection in August 2017 we rated the practice as inadequate for providing effective services. This was because:

- Some of the staff we spoke with on the day of inspection told us they did not feel supported and were not able to manage their workload safely.
- We saw no evidence of staff appraisals having been carried out and there was no record of training accessed by staff.
- We saw no documented evidence of learning from complaints being shared with staff and other stakeholders.

At this inspection we noted that all the staff we spoke with felt supported by management and were happy in their roles. We also noted that additional clinical staff had been recruited to reduce the workload within the nursing team.

The practice had introduced a new electronic assurance system which monitored staff training and appraisals. At the time of our inspection not all staff had received an annual appraisal due to the changes in partnership. However; we saw that appraisals had been scheduled and all staff had attended individual meetings with the new partners to engage with them individually and address any concerns.

The practice had introduced a weekly meeting which all staff were invited to attend and lunch was provided. This gave the opportunity to share any learning from complaints.

Please note that any Quality and Outcomes Framework (QOF) data related to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.

## 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 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.
- The practice website contained links to online symptom checkers and links to information videos on topics such as diabetes, sexual health and mental health.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The new partners had increased the length of appointments from 10 minutes to 15 minutes to ensure adequate time to understand patients' needs, discuss all of their problems and ensure that appropriate information was captured in the clinical notes.
- The practice had implemented new clinical templates which incorporated a clinical decision support tool. This enabled clinicians to access evidence-based resources and guidance.

## Older people:

- Older patients who were 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 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.
- 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. The practice had recruited additional nursing staff with specialisms in areas such as asthma, diabetes and chronic obstructive pulmonary disease (COPD). For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.



## Are services effective?

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

### 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. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 72%, which was in line with the CCG average of 74% and the same as the national average of 72%.
- 66% of eligible females had accessed screening for breast cancer in the preceding three years, which was in line with the CCG average of 68% and the national average of 70%.
- 52% of eligible patients had been screened for bowel cancer in the preceding 30 months which was in line with the CCG average of 58% and the national average of 55%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### 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, travellers and those with a learning disability.
- 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 were taking steps to ensure people with mental illness, severe mental illness, and personality disorder received appropriate assessment and monitoring of their physical health by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. 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.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the CCG average of 86% and national average of 84%.
- 26% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was below the CCG average of 88% and national average of 90%. We discussed these figures with the practice as part of our inspection and were advised that unvalidated QOF data for 2017/18 demonstrated 37% of patients as having an agreed care plan in the previous 12 months. However; following a review patient records the practice were able to confirm that 95% of patients had a care plan. This disparity was



## Are services effective?

because the majority of patients were receiving dedicated psychiatric care and the care plans had been produced within secondary care rather than by the practice.

- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example 68% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was below the CCG average of 86% and national average of 91%. The practice was able to confirm that this figure had increased to 93% during the 2017/18 QOF period.
- 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 QOF figures quoted regarding mental health services related to the performance of the practice during 2016/17. At the time of our inspection the new partners were working with local voluntary organisations to improve mental health services for patients.

We were able to review minutes of quality review meetings between the practice and the Clinical Commissioning Group (CCG) in which we saw the practice QOF results for 2017/18 were lower than the previous year. At the time of our inspection these figures were not validated and have not been included in the report.

### 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 identified some flaws in their recall system for patients with pre-diabetes and as a result had implemented a new system to encourage patients to attend. This included actively telephoning patients one week prior to their review appointment to give a polite reminder of the appointment date and time. The practice had undertaken an audit of patients with pre-diabetes following implementation of the new system and this demonstrated that the number of patients identified as pre-diabetic had increased.

Where appropriate, clinicians took part in local and national improvement initiatives. For example; the practice

had taken part in 'PhysioFirst', a local pilot scheme providing direct access to physiotherapy appointments. The service was available to all age groups and had an average waiting time of one to two weeks, compared with an approximate three month wait to access the service via secondary care.

### 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.
- 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 induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- At the time of our inspection not all staff had received an annual appraisal due to the changes in partnership. However; we saw that appraisals had been scheduled and all staff had attended individual meetings with the new partners to engage with them individually and address any concerns.
- 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.

# Are services effective?

- 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 deciding care delivery for people with long term conditions and when coordinating healthcare for 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 for children who have relocated into the local area.
- 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 looked after 89 community intermediate care (CIC) beds in Leeds. CIC beds are used to support patients who are well enough to be discharged from hospital but not yet ready to return home. The care provided included medical assessment at the time of discharge, weekly planned visits by a dedicated GP and advanced nurse practitioner. The practice worked alongside carers, district nurses and other health and social care staff to ensure a multidisciplinary approach.
- 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 own health, for example through social prescribing schemes.
- The practice actively promoted a local community drop-in group offering free hot meals, soft drinks and friendship and support. Posters for the group were displayed around the practice.
- 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.
- 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 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.
- We received nine patient Care Quality Commission (CQC) comment cards which were positive about the care and treatment they received. However three cards also contained some less positive comments.

## **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, communication aids and easy read materials were available.
- 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.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer 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.

**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 of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example; patients could access a variety of services on line such as ordering repeat prescriptions and booking appointments.
- The practice had introduced a smart phone application to enable patients to order repeat medication, book appointments, view self-help videos and access medical records.
- Telephone 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. In addition; the partners at the practice were in the process of planning a complete refurbishment of the premises.
- The practice had reviewed the appointment system and increased standard appointments from 10 minutes to 15 minutes. This was to give the clinician more time to get a good understanding of patients' needs whilst still meeting patient demand for access to the service.
- The practice was engaging with other providers to host additional services at the centre. For example; the practice were planning to introduce ultra-sound dermatology and gastroenterology services in the future.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had 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.

### 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 home visits and urgent appointments for those with enhanced needs.

### 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. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice had recruited nurse specialists with additional training in conditions such as asthma, diabetes and chronic obstructive pulmonary disease (COPD). COPD is forms of lung disease which causes difficulty breathing.
- The practice had identified nine patients with diabetes who had an indicated religious status as Muslim. As a result the lead practice nurse had undertaken a course to support management of diabetes during the period of Ramadan. The course looked at specific risks associated with fasting and diabetes during the month of Ramadan.
- 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.
- The practice offered a family planning and contraceptive service.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

### 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 worked with other local practices to offer extended weekend opening hours.

# Are services responsive to people's needs?

- Patients could access a variety of services on line such as ordering repeat prescriptions and booking appointments.
- The practice had introduced a smart phone application to enable patients that registered for the service to order repeat medication, book appointments, view self-help videos and access medical records.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode
- The practice actively promoted a local a community drop-in group offering free hot meals, soft drinks and friendship and support. Posters for the group were displayed around the practice.
- The practice also engaged with a local foodbank session and one of the partners had worked with the organisation to submit a grant to refurbish their premises to extend the service.

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 was working with local voluntary groups to provide additional support for patients experiencing poor mental health issues. For example; a mental health support group, a male anger support group and an onsite mental health worker for patients to access.

## 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 that the appointment system was easy to use.

## 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. 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.

**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.

At the last inspection in August 2017 we rated the practice as inadequate for providing a well-led service. This was because:

- There was limited evidence of governance oversight or a lead for governance areas.
- There was little evidence of quality improvement planning or activity being carried out within the practice.
- There was no system in place to ensure practice policies were reviewed and updated.
- There was no evidence of a formal recruitment process being followed during the recruitment of two potential new staff members.
- Some of the staff we spoke with did not feel supported by the partners and management within the practice.

At this inspection we saw evidence of improved governance systems including implementation of clinical templates to ensure standardised care in line with current evidence based guidelines. The practice had a vision and strategy to promote healthy outcomes for patients and all of the staff we spoke with felt supported and safe under the new partnership.

We reviewed the staff file for a newly appointed GP and found that all the necessary checks had been undertaken.

We were unable to review formal complaints received under the new partnership as there had been none received at the time of inspection. However; we were able to review responses to some historic complaints which the new partners had addressed since joining the practice.

We spoke with a representative from Healthwatch England who told us the new partners had engaged with them and feedback received from patients had been mainly positive.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver 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. The new partners had produced a comprehensive business turnaround plan and we saw evidence that improvements had already been made. For example;

the clinical workforce had been reviewed and additions made. The issues around information governance had been addressed through implementation of an electronic assurance system. This captured information such as staff training and appraisals.

- 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 leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- At the time of our inspection, the new partners were in the process of engaging with the Clinical Commissioning Group (CCG) to undergo a rebranding exercise. We were able to review a newly developed website to support this change which contained detailed information regarding the changes taking place at the practice and invited patients to be involved in the transformation strategy. Following our inspection the rebranding has taken place and the website is now in use and accessible for patients and members of the public.
- 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 aiming to provide 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 inconsistent with the vision and values.



# Are services well-led?

- 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. Staff were supported to meet the requirements of professional revalidation where necessary. Some staff had not received a recent appraisal, but plans were in place to address this. The new partners had met with all staff for one to one conversations in order to support them and address any concerns they had.
- Clinical staff 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. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## 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 interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. The infection control lead had been supported to complete appropriate training to support them in the role.
- 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 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 national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. The fire safety arrangements within the practice required some improvement and plans were in place to address this.
- 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.
- 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.



## Are services well-led?

- 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. There was an active patient participation group.
- The practice had liaised with local councillors and was in the process of establishing a Patient and Public Advisory Board that would function as an oversight committee.
- The practice had an active patient reference group who helped to inform the wider health and wellbeing activities of the practice.

- 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.
- 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.

**Please refer to the Evidence Tables for further information...**