

The Light

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?

Good 

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 was previously inspected in January 2016 when it was rated Good overall.

The key questions at this inspection are rated as:

Are services safe? – Good

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 Light on 15 February 2019. This inspection was planned and undertaken as part of our inspection programme and as part of a wider inspection of the provider (One Medicare Ltd). The provider had agreed to contribute to our Primary Care at Scale project.

At this inspection we found:

- The practice had clear 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 provider produced a monthly lessons learned bulletin to share themes and learning from significant events and complaints across all locations.

- The practice offered a number of additional in-house services such as social prescribing, physiotherapy and a mental health support worker.
- 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.

We saw one area of outstanding practice:

- The practice promoted healthy living and offered patients access to a health coach, gym facilities and provider led boot camps.

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

- Continue to review access and the appointment system to improve patient satisfaction.
- Continue to review and improve uptake of cancer screening programmes.
- Continue to review and improve exception reporting rates for people with a long-term condition.

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

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

Population group ratings

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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to The Light

The Light Surgery is located at Balcony Level, The Light, The Headrow, Leeds, LS1 8TL. The surgery is located in Leeds City Centre and has good public transport links.

The provider is registered with CQC to deliver the following Regulated Activities:

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

The Light Surgery is situated within the NHS Leeds Clinical Commissioning Group (CCG) and provides services to approximately 13,300 patients under the terms of an Alternative Provider Medical Services (APMS) contract. This is a contract between the provider and NHS England for delivering services to the local community.

The service is one of 13 registered services managed and operated by One Medicare Ltd (the provider). These include urgent care centres, GP practices, walk-in services and co-located primary care sites. The provider's head office and operations centre is based in Otley, West Yorkshire.

The Public Health National General Practice Profile shows that approximately 13% of the practice population are of Asian ethnicity, 14% black or other mixed ethnicity; with 73% being of white ethnicity.

Due to the city centre location of this practice, there is a higher than national average number of registered aged between 20 and 39 years.

The level of deprivation within the practice population is rated as four, on a scale of one to ten; level one representing the highest level of deprivation, and level ten the lowest.

The clinical team consists of a GP clinical lead (male), seven salaried GPs (five female and two male), an advanced nurse practitioner, two practice nurses, a healthcare assistant and a phlebotomist, all of whom are female. In addition; there is a multidisciplinary team consisting of a pharmacist, a mental health advisor, a mental health support worker, a clinical psychologist and a health coach.

At the time of our inspection there were a number of clinical vacancies which the provider intended to recruit into. Recruitment to these posts was on hold at the time of our inspection due to some contractual processes that were underway.

The clinical team was supported by a service manager, patient navigators, administrative support and a social prescriber.

Practice opening times are as follows:

Monday: 8am until 6.30pm

Tuesday: 7am until 8pm

Wednesday: 8am until 6.30pm

Thursday: 7am until 8pm

Friday: 8am until 6.30pm

Saturday: 9am until 1pm

Out of hours care is provided by Local Care Direct, and patients are also directed to the NHS 111 line.

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 good for providing safe services.

Safety systems and processes

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

- The practice had a dedicated GP lead for Mental Capacity Act, Deprivation of Liberties and Safeguarding adults and children.
- 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.
- Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (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, discrimination and breaches of their dignity and respect. The safeguarding lead attended local peer review meetings to support them in this role.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The practice had a dedicated infection prevention and control (IPC) lead. There were effective systems to manage IPC within the practice.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- 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 temporary staff tailored to their role. This included a mandatory three day corporate induction prior to starting with the organisation. The corporate induction covered all mandatory training including basic life support.
- 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 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 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 and 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 management 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.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.
- 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 provider produced a monthly lessons learned bulletin to share themes and learning from significant events and complaints across all locations.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

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.

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.

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. For example; the practice offered a mindfulness and mediation course aimed to combat the impact of stress on patients' wellbeing.
- Patients at the practice could access health and wellbeing coach and a personal trainer with exercise classes and use of gym equipment available on-site and provider led boot camps.
- The practice offered daily clinics with a mental health advisor to improve access to mental health services.
- We saw evidence of improved outcomes for patients who had accessed support from the Connect Well Social Prescribing service at the practice. For example; one patient identified as pre-diabetic has received support regarding healthy eating and lifestyle. This was able to reduce cholesterol levels and following the programme the patient was no longer pre-diabetic.
- The practice had signed up to the Dr Link, on-line symptom checker. This provided patients with advice on self-management and access to the appointment system via the clinical system.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Due to the city centre location of this practice; only 0.17% of patients were aged 75 years and over. This equated to approximately 22 patients.
- All clinical staff attended a weekly clinical meeting where complex patients were discussed by multidisciplinary team including; GPs, advanced nurse practitioners, healthcare assistants, a mental health

worker, a physiotherapist, a long-term conditions nurse and a pharmacist. This enabled them to discuss individual needs and ensure appropriate care packages were in place.

- The healthcare assistant attended the local Age UK café for drop-in sessions to provide advice and measure the height, weight and blood pressure of attendees.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients had access to long-term conditions clinics with a dedicated long-term conditions nurse.
- Patients with complex or chronic health problems were offered standard 15 minute appointments with the GP or advanced nurse practitioner to ensure adequate time to meet their needs.
- The practice utilised recalls and specific clinical templates to ensure effective reviews of patients with a long-term condition
- 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. 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 it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long-term conditions was in line with local and national averages. However; we saw that exception reporting was high for some long-term conditions such as asthma and diabetes. We discussed this with the provider on the day of our inspection and were advised this was due to the transient patient demographic as patients move through the service more frequently due to change of residential address. Exception reporting rates allow patients who do not attend for planned reviews, or where certain medications cannot be prescribed due to a side effects to be excluded from the figures collected for the Quality and Outcomes Framework (QOF).

Families, children and young people:

Are services effective?

- Childhood immunisation uptake rates were above the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Young people could access in-house contraceptive services and the practice offered emergency intrauterine devices (IUD) to reduce the risk of unplanned pregnancy.
- The practice hosted a midwifery clinic and had a process in place for registering births with 6 to 8 week and post-natal checks being scheduled.
- The practice hosted children's flu parties to increase vaccination rates.
- The practice offered a children's physiotherapy service on Saturdays to enable parents to access the service outside of school hours.
- The practice provided longer consultations with a practice nurse for children aged 5 years and under who were registering from abroad. This gave the opportunity to make parents aware of the UK immunisation schedule.
- The practice used technology to communicate with patients to allow easier access to health-related information. For example; texting information leaflet weblinks. The practice offered free wi-fi to help entertain patients and facilitate their work whilst they were in the building. In addition; the practice had a tablet in the waiting area for patients to access health websites.
- In addition to standard nurse appointments, the practice offered morning walk in blood clinics to ensure patients could attend the practice at a convenient time to fit around work commitments. Patients did not require an appointment to attend the clinic and the provider informed us that waiting times during these clinics was minimal.
- The practice held weekly lunchtime exercise classes to enable patients working in the city centre to attend classes during working hours.
- The practice offered weekend flu clinics for patients who could not attend during working hours.

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

- The practice's uptake for cervical screening was 57.5%, which was below the 80% coverage target for the national screening programme and the CCG and national average. The practice was aware of this and advised us that this was due to the age of the patient population and new patients becoming eligible for the cervical smear on a monthly basis. Performance against this indicator was monitored quarterly by the CCG. The practice had taken steps to increase uptake taking part in the 'Smear for Smear' campaign to increase awareness and by providing early morning and weekend appointments for smears.
- The practice's uptake for breast and bowel cancer screening was below the national average.
- 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.
- Patients with a learning disability were offered an annual review.
- The practice utilised the social prescriber to signpost this group of patients to the most appropriate agencies for additional support.
- The practice had clear recognisable alerts on patient records to highlight any safeguarding concerns.
- 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 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.

Are services effective?

- The practice had a system in place to identify patients experiencing poor mental health on the clinical system. This enabled them to offer double appointments when required.
- The practice had identified an increasing need for mental health support within the patient group and had approached an external organisation to deliver mindfulness and meditation courses at the practice. These were being held in-house to provide patients with additional support.
- 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.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

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.

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. At the time of our inspection a number of staff were being supported by the practice to complete additional training. For example; a practice

nurse was undertaking a prescribing qualification; a GP at the practice was completing a dermatology diploma and the service manager was undertaking an operations/department manager level five apprenticeship qualification.

- The practice provided staff with ongoing support. There was an induction programme for new staff. This included a mandatory three day corporate induction prior to starting with the organisation. The corporate induction covered all mandatory training including basic life support.
- 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 patients. They shared information with, and liaised, with community services, social services and with health visitors and community services for children who had 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 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.

Are services effective?

- 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 offered a health coaching service to all patients who were struggling with their weight and physical fitness and access to an on-site gym.
- Representatives from the practice supported local initiatives such as Parkrun to engage with the public and discuss mental health and wellbeing. Parkrun is a free 5km run which is open to everyone on a weekly basis.
- 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.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information. The practice's GP patient survey results were below local and national averages for questions relating to kindness, respect and compassion. For example;
- 73% of respondents stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them compared to the CCG and national averages of 89%.
- 64% of respondents stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern compared to the CCG average of 88% and national average of 87%.
- The GP patient survey reflected the view of only 59 patients from a registered list of approximately 13,300 (less than 1% of patients).
- However; we were able to review findings from an NHS Leeds Clinical Commissioning Group engagement report conducted from 14 September 2018 to 11 November 2018 which documented findings from 557 patients registered at the practice. The results showed that:
- 30% of respondents were very satisfied with the service they received.
- 51% of respondents were satisfied with the service they received.
- 14% of respondents were dissatisfied with the service they received.
- 5% of respondents were very dissatisfied with the service they received.
- The report found that people who were satisfied liked the staff, service and the location. Comments included;

"I have seen numerous GPs, all have been understanding, efficient and friendly. The reception staff are great and welcoming and very approachable. Excellent staff all round. The best doctor's surgery I've ever had."

"The doctors I've met are really supportive and gentle. They made me know they care about my health."

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 such as a hearing loop, access to sign language interpreters and information in other languages.
- 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 practice hosted Carers' Cafes which were attended by clinicians and worked closely with Carers Leeds (a voluntary support organisation for carers). The practice offered drop-in flu clinics for carers and annual health checks.
- The practice's GP patient survey results were below local and national averages for questions relating to involvement in decision about care and treatment with 83% of patients reporting that they were involved as much as they wanted to be in decision about their care and treatment. However; the practice's friends and family results demonstrated that 88% of patients who had responded would recommend the practice. In addition; findings from the NHS Clinical Commissioning engagement report demonstrated that 81% of patients were satisfied or very satisfied with the service they received.

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.

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.
- The practice employed patient navigators to signpost patients to appointment with the most appropriate healthcare professional.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. In addition; the practice was working towards offering Skype consultations within 2019.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice was signed up to the Electronic Prescription Service (EPS) to enable patients receiving regular medication have their prescription sent directly to a nominated pharmacy for collection.
- The practice offered a text messaging service to remind patients of their appointment date and time. Patients could also use this service to cancel appointments.
- Patients could access telephone and face to face appointments with a pharmacy practitioner for advice.
- Patients could access lifestyle advice such as weight management, exercise and pre-diabetes support through the in-house health coach.
- In addition; the practice offered an in-house physiotherapy service for assessment and treatment of musculoskeletal problems.
- Patients could access an in-house dermatology clinic.
- Patients could access an in-house social prescriber for advice and referral to other non-clinical 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:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice offered regular "carers' cafes" for patients, which were attended by Age UK and Carers Leeds.
- The practice proactively contacted patients who did not respond to screening programmes. For example; bowel, breast and cervical screening.
- Patients could access joint injections at the practice.
- The practice had been able to respond to a request to provide short notice GP support to a local intermediate care and recovery centre for a period of time.
- The practice offered 15 minute appointments in clinics to allow time for older patients with more complex 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.
- The in-house pharmacist carried out regular audits and reviews of patients on disease-modifying antirheumatic drugs (DMARDs), anti-psychotics and antibiotics.
- The practice utilised the waiting area to provide patients with information leaflets on long term conditions and health promotion.
- Patients with complex or chronic health problems could access 15 minute appointments.
- At the time of our inspection the practice was in the process of developing group consultations for pre-diabetic patients.

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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice offered a children's physiotherapy service on Saturday mornings.

Are services responsive to people's needs?

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 Saturday appointments.
- The practice held patient opening evening evenings and bi-monthly Patient Participation Group meetings after 6pm to ensure working age patients were able to attend.
- The practice offered services to patients across the lunchtime period to accommodate working age people. For example; a mental health coffee drop in service.

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.
- All staff had access to a telephone translation service and the practice provided patient feedback forms in other languages.
- The practice hosted a weekly alcohol counsellor to support patients.

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

- The practice had links with the Improving Access to Psychological Therapies Service (IAPT), The Market Place and other support agencies. The Market Place is a free counselling and support service for people aged 11 to 25 years.
- Patients could access appointments with a mental health support worker.
- The practice hosted the ConnectWell social prescribing service and we were able to review positive feedback from this group of patients regarding support they had received.

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.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment. For example;
 - 56% of patients responded positively to how easy it was to get through to someone at their practice on the phone compared to the CCG average of 74% and national average of 70%.
 - 32% of patients responded positively to the overall experience of making an appointment.
- The practice had responded to results of the GP patient survey and had implemented an improvement plan. A new clinical model was introduced in September 2018 which included an increase in urgent primary care appointments, an increase in telephone appointments, clinical pharmacist appointments, direct access to physiotherapy appointments and mental health support worker appointments.
- In addition; the practice had increased prescribing appointments by 750 per month and taken steps to improve telephone access by increasing the patient navigator call handling team with three extra staff members.
- The GP patient survey was conducted during the period of January 2018 – March 2018 and reported the responses of only 59 patients (less than 1% of the registered patient list). We were able to review the findings from a patient engagement report conducted by NHS Leeds Clinical Commissioning Group which provided feedback from 573 patients, of which 81% were happy with the service they received. This feedback was collected between 14 September 2018 and 11 November 2018.

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.

Are services responsive to people's needs?

- 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.

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.
- 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 provider had a clear vision and credible strategy to deliver high quality, sustainable care. This was implemented within the practice.

- 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.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance 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 where necessary.
- 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. We saw that structures, processes and systems to support good governance were in place at provider level. This included, for example, for the reporting and oversight of significant events and complaints and joint working arrangements. Systems were also in place at provider level to enable them to respond to emerging risks; for example, any short term or unexpected staff shortages.
- Staff were clear on their roles and accountabilities including those relating to safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. 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.

Are services well-led?

- The practice considered and understood the impact on the quality of care of service changes or developments.

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.
- 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. The practice had worked hard to engage with patients and had recently recruited an additional seven members to join the patient participation group.
- 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. The practice was committed to improving care for patients via the use of technology.

- 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.