

Dr R D Gilmore and Partners

Quality Report

Manor Park Surgery
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection March 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

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

Older People – Good

People with long-term conditions – Requires Improvement

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Dr R D Gilmore and Partners on 15 March 2018. We carried out this inspection as part of our inspection programme.

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 practice had good systems in place to safeguard children and adults from abuse and were proactive in working with other organisations.
- The practice ensured that care and treatment was delivered according to evidence- based guidelines.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Review and improve systems and processes to assure themselves that action is taken as a result of all complaints and relevant learning is shared.
- Continue to work to address any issues identified as a result of their management and support services being transferred.
- Review and improve systems for Quality and Outcomes Framework patient recalls.

Summary of findings

- Engage with staff to provide effective communication and work to address any concerns.
- Engage with patients to improve satisfaction rates.

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

Summary of findings

The six population groups and what we found

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

Older people	Good 
People with long term conditions	Requires improvement 
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 

Dr R D Gilmore and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr R D Gilmore and Partners

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

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

At the time of our inspection there were approximately 14,712 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England.

The Public Health National General Practice Profile shows the majority of the practice population to be of white British origin; with approximately 6% of the population to be mixed ethnic groups. The level of deprivation within the practice population is rated as two, on a scale of one to ten. Level one represents the highest level of deprivation and level ten the lowest.

The average life expectancy for patients at the practice is 77 years for men and 82 years for women, compared to the

national averages of 79 years and 83 years respectively. Fourteen percent of the practice population are aged over 65 years compared to the CCG average of 15% and the national average of 17%.

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

The service is provided by five GP partners (four male and one female), four female salaried GPs and a female GP Registrar. A GP Registrar is a qualified doctor who is training to become a GP by spending time working and training within general practice.

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

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

The practice is open between 7am and 7pm Monday to Friday. Extended hours are offered between the hours of 7am and 8am and 6.30pm to 7pm Monday to Friday. In addition, patients can access prebookable appointments between the hours of 8am and 4pm on Saturday and 8am and 12pm on Sunday.

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

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

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were reviewed and communicated to staff. However; at the time of our inspection we noted that some policies had passed the review date. The practice was aware of this and was in the process of updating the policies. Staff received safety information for the practice as part of their induction and refresher training. Policies were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. For example; the practice had worked with the local safeguarding team as a result of a serious case review. In addition; the practice were working with the local council agency to develop a plan to support at risk children from birth to the age of 18 and look at the options to involve a 'caring relative' to keep children within a family environment.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. The practice had provided in-house training for all staff which was delivered by the Clinical Commissioning Group training nurses. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS

checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- There was a system to manage infection prevention and control. However; we noted that some of the sharps bins were out of date. We discussed this with the practice on the day of inspection and were informed this would be rectified.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- 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.
- However; the practice did not have a documented record of fire drills having been undertaken.
- 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.

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

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and 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 to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The practice had been ranked in the top 20% of practices in the Leeds West area for incident reporting and partners told us they encouraged staff to report incidents. Feedback we received from staff supported this.
- 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; an incident had been reported when an urgent task had been overlooked by the clinician. As a result of this the practice had introduced a red flag system to ensure urgent tasks were identifiable on the system.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and five of the six population groups as good for providing effective services. We rated the population group of people with long term conditions as requires improvement for being provided with effective services because:

Recall arrangements for people living with long term conditions were not always effective, as a result of the practices' management and support services transferring across to a partnership-owned subsidiary company.

Those affected had included patients living with asthma, COPD and diabetes. The practice was in the process of working with the partnership-owned subsidiary company to improve this.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice offered e-Consultations (via email) for patients with non-urgent problems to get advice from a GP, complete administrative tasks or arrange to see other professionals or services without having to attend the practice or see a GP.
- 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.

Older people:

- Older patients who were frail or may have been deemed 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 had been informed of their named GP. They 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.
- Patients over 65 years were encouraged to take up an annual seasonal flu vaccination.
- The practice also took part in the routine and catch up shingles vaccination programme.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- The practice held a register of patients with long-term conditions and those patients had a structured annual review to check their health and medicines needs were being met.
- The practice nurse had a special interest in diabetes and Chronic Obstructive Pulmonary Disease (COPD). COPD is the name for a group of lung conditions that cause breathing difficulties.
- Long-term conditions clinics were led by two nurse prescribers. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Results from the Quality and Outcomes Framework (QOF) 2016/17 demonstrated the practice were an outlier in performance against COPD indicators. For example; 58% of patients with COPD had received a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months. This was below the Clinical Commissioning Group (CCG) average of 89% and national average of 90%. In addition we saw that the practice had high exception reporting for some of the indicators relating to diabetes and asthma. We discussed

Are services effective?

(for example, treatment is effective)

this on the day of our inspection and were informed the recall systems for QOF had suffered as a result of the management and support services transferring across to a partnership-owned subsidiary company. The practice was proactive in identifying and addressing issues and were in the process of working alongside the partnership-owned subsidiary company to improve this.

Families, children and young people:

- The practice held an in-house baby immunisation clinic for both scheduled and unscheduled appointments to ensure vaccinations were given at the recommended and appropriate intervals. Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were consistently higher than the target percentage of 90%.
- The practice hosted a weekly antenatal clinic which was provided by local community midwives. Partners at the practice shared the care of expectant mothers and worked with the midwives to ensure appropriate care and treatment was provided.
- In addition, the practice offered in-house six week baby checks to carry out physical examinations and health promotion.
- 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 74%, which was the same as the CCG average of 74% and comparable to the national average of 72%
- 72% of eligible females had received screening for breast cancer in the preceding three years, which was higher than the CCG average of 69% and national average of 70%.
- 54% of eligible patients had received screening for bowel cancer in the preceding 30 months, which was comparable to the CCG average of 58% and national average of 55%.
- The practice had systems to offer eligible patients the meningitis vaccine, for example before attending university for the first time.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice offered repeat dispensing for patients with controlled medical conditions such as hypertension and hypothyroidism. This involved a supply of prescriptions which were sent to a chosen pharmacy.
- The practice had installed a health check pod for self-checking routine health measurements such as blood pressure and weight.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those receiving palliative care and those with a learning disability.
- The practice referred patients to the Patient Empowerment Project (PEP). PEP is a voluntary organisation which supports patients to make changes to their lifestyle and provides advice such as benefits, housing psychological therapies.

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

- 89% 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%.
- 89% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the CCG average of 88% and national average of 90%.
- However; we saw that only 70% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was below the CCG average of 86% and the national average of 91%.
- 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 used the Improving Access to Psychological Therapies (IAPT) service which could be accessed by GP referral or through the self-referral scheme.

Are services effective?

(for example, treatment is effective)

- The practice also had access and referred patient to a mental health nurse who was co-located in the building.

Monitoring care and treatment

The practice carried out some quality improvement activity; however audits undertaken by the practice were limited. The audits we looked at demonstrated that the practice reviewed the effectiveness and appropriateness of the care provided. For example; the practice carried out regular audits of appropriateness of antibiotic prescribing and as a result had high achievement in relation to medicines optimisation.

The most recent published QOF results were 93% of the total number of points available compared with the clinical commissioning group (CCG) and national averages of 96%. The overall exception reporting rate was 13% compared with the CCG average of 9% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

We looked at the QOF information in more detail during our inspection and saw that the practice had high exception reporting for some of the indicators relating to diabetes and asthma. Following a discussion with one of the GP partners we were advised this was due to issues with the recall system as a result of the transfer of managerial and support staff to a partnership-owned subsidiary company. This was an area that both the partnership-owned subsidiary company and the practice were working to improve.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice were working with the local council agency to develop a plan to support at risk children from birth to the age of 18 and look at the options to involve a 'caring relative' to keep children within a family environment.

In addition, the practice had developed an in-house physiotherapy team called 'Physio First', which operated from a purpose built room with full integration of IT into patient records to enable GPs and physiotherapists to access consultations on patient records. 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. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

Are services effective?

(for example, treatment is effective)

- Staff encouraged and supported patients to be involved in monitoring and managing their health. The practice had installed a health check pod for self-checking routine health measurements such as height, weight, blood pressure, smoking status, alcohol consumption and contraceptive pill checks. This allowed patients to update health information without the need for an appointment. Over the initial 12 week trial period the pod had been used 113 times and had freed up approximately nine health care assistant appointments per week for those patients with more complex issues which required direct contact.
- 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. The GPs within the practice carried out opportunistic smoking cessation during consultation with the practice

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.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All staff had attended an 'empathetic communication' workshop to assist them in their role.
- Prior to the inspection we asked patients to complete CQC comment cards to tell us about the service they experienced. We only received one comment card, which contained both positive and negative comments. They were positive about staff within the practice however, they felt changes to the managerial and support services had impacted negatively on the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Out of 338 surveys sent out, 127 were returned. This represented less than 1% of the practice population. The practice was variable for satisfaction scores relating to consultation with GPs and nurses, compared to For example:

- 79% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients had confidence and trust in the last GP they saw or spoke to (CCG and national averages 96%).
- 78% of patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 89%; national average 86%).
- 92% of patients who responded said the nurse was good at listening to them; (CCG average 93%; national average 91%).

- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%; national average 91%).

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients 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 patients who were carers. Patients who were registering at the practice were asked to disclose whether or not they acted in a caring role. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 228 patients as carers (approximately 2% of the practice list).

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were variable compared to local and national averages:

- 82% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 70% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average 84%; national average 82%).
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; (CCG and national averages 90%).

Are services caring?

- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%; national average 85%).

The practice had undergone significant changes during the period when the patient survey feedback was collected and as a result had experienced patient dissatisfaction. The practice informed us they were committed to improving patient satisfaction. This included making a number of

changes to the appointment system which included removal of the 'walk in' clinic as this had generated increased demand. The practice had also introduced extended hours to offer more appointments.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- In response to patient feedback; the practice had removed the 'walk in' clinic to give clinicians a more structure appointment system and allow more time for patients during consultations.
- The practice offered extended hours from 7am and 8am and 6.30pm to 7.00pm Monday to Friday. In addition, patients could access prebookable appointments between the hours of 8am and 4pm on Saturday and 8am and 12pm on Sunday.
- The practice offered a text messaging service for appointment reminders, prompts for follow up reviews and recall appointments.
- The practice offered online access for booking and cancelling appointments, ordering repeat prescriptions and obtaining test results where appropriate.
- The practice offered an in-house physiotherapy service called 'Physio-First' giving patients direct access to the service.
- The practice had installed a surgery pod to allow patients to update health information.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example; telephone appointments and home visits.
- 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:

- Most 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 nurse had a special interest in diabetes and Chronic Obstructive Pulmonary Disease (COPD). COPD is the name for a group of lung conditions that cause breathing difficulties. This enabled the nurse to provide an expert resource in monitoring and adjusting medications.
- The senior nurse had a special interest in diabetes and asthma, which enabled her to support care and management of patients with those conditions.
- The practice promoted early identification and management of diabetes and COPD.
- Every newly diagnosed patient living with diabetes was offered a referral to a diabetic course.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice hosted a community midwife service.
- GPs within the practice had a specialist interest in sexual and reproductive health and children's health. This supported appropriate treatment and management of relevant patients.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone and GP e-consultations (via email) were available which supported patients who were unable to attend the practice during normal working hours.
- The practice used the Electronic Prescribing System (EPS) for the majority of prescriptions. This supported patients having their prescribed medicines ready to collect from a pharmacy rather than having to first obtain the prescription from the practice.

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.
- The practice proactively asked patients about their communication needs and completed an accessible information questionnaire at the point of registration.

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 had an on-site mental health liaison nurse which patients had access to.
- All staff were aware of a high prevalence of mental health and substance misuse within the patient population and had regular clinical meetings to discuss management of these patients.

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. However; since the transfer of managerial and support services to a partnership-owned subsidiary company, the practice had received negative feedback regarding the length of time to get through to the practice by telephone. The practice was working with the partnership-owned subsidiary company to address these issues and highlighted this as a priority.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was variable compared to local and national averages.

- 87% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 89% and the national average of 80%.
- 58% of patients who responded said they could get through easily to the practice by phone (CCG average 83%; national average 71%).
- 71% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment (CCG average 80%; national average 76%).
- 57% of patients who responded said their last appointment was convenient (CCG average 79%; national average 73%).
- 57% of patients who responded described their experience of making an appointment as good (CCG average 79%; national average 73%).

The practice had undergone significant changes during the period when the patient survey feedback was collected and as a result had experienced patient dissatisfaction. The practice were committed to improving patient satisfaction

Listening and learning from concerns and complaints

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

- 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. Eighty complaints were received in the last year. We reviewed three complaints and found that two of them were satisfactorily handled in a timely way. However; one complaint had been responded to within timescales but we saw no evidence that action had been taken to review policies and processes as outlined in the response.
- 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. For example; the practice had noted a number of

Are services responsive to people's needs?

(for example, to feedback?)

complaints regarding the attitude of a member of staff. As a result of this a discussion took place with the member of staff concerned and additional training was provided.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice and all of the population groups as requires improvement for providing a well-led service. This was because:

- **At the time of our inspection the management and support services had recently been transferred to a subsidiary company which had taken over services for Manor Park Surgery and another local practice. As a result of this there had been an impact on some elements of governance arrangements and we received feedback from some staff regarding a lack of local leadership.**
- **Some of the staff we spoke with, or had feedback from, told us that changes had not always been communicated before they occurred and that there was a lack of communication between teams. This included feedback from staff based at Manor Park and staff working across sites.**
- **Some staff were not confident that their concerns would be addressed.**

Leadership capacity and capability

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

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, at the time of our inspection the managerial and support services had recently transferred to a partnership-owned subsidiary company. The practice and staff from the partnership-owned subsidiary company acknowledged that initially they had neglected to focus on the culture of the organisation, but stated this was something they were actively addressing and committed to improving.
- Leaders at all levels were approachable. However; as some non-clinical staff were based off-site, some staff reported that they felt on occasion there was a lack of local leadership. We were informed that some clinical staff also felt isolated as administrative staff were no longer based on site. This was something the practice was aware of and was looking to address.

- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice was committed to the harmonisation of systems and processes across Manor Park Surgery and the partnership-owned subsidiary company they used, whilst preserving an independent practice identity.
- 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and the majority of complaints. However; we reviewed the response to one complaint in which the practice had advised the complainant that staff training and protocols would be reviewed as a result of the complaint. When we looked at the minutes of the meeting where the complaint was discussed we saw no evidence that this had taken place yet. We discussed this with the provider on the day of our inspection and were informed this would be addressed.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

Requires improvement 

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

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. However; some staff members told us they were not confident that their concerns would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management; however these systems had not always operated effectively.

- Structures, processes and systems to support good governance and management were clearly set out, however due to the relocation of non-clinical managerial and support staff, these were yet to be fully embedded. For example; when we reviewed the policies and procedures we saw that some of these were out of date and requiring review. The practice did not have a documented record of fire drills having been undertaken and we saw no evidence of full practice meetings involving all clinicians taking place.
- In addition; we were informed that there had been issues with the Quality and Outcomes Framework recall system as a result of the transfer of managerial and support staff to a partnership-owned subsidiary company.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example; the practice had acknowledged issues with some areas of the Quality and Outcomes Framework recall system and were taking steps to address this.
- 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

Are services well-led?

Requires improvement 

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

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example; as a result of patient feedback regarding access to appointments, the practice had removed the 'walk in' centre and introduced extended hours.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For

example; the decision to transfer managerial and support staff to a partnership-owned subsidiary company had been made in order to encourage more collaborative working across member practices and gain the benefits of working at scale. However, the practice acknowledged the changes had caused some dissatisfaction from both patients and staff. They were working towards improving satisfaction and effectiveness of this model.

- 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.