

# Leeds City Medical Practice

## Inspection report

Beeston Health Centre  
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Beeston  
Leeds  
West Yorkshire  
LS11 8LH

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Website: <https://leeds-city-medical.gpsurgery.net>

Date of inspection visit: 19 April 2018

Date of publication: 29/05/2018

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.** (A previous inspection undertaken on 30 October 2014 had rated the practice as Good overall.)

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? – Good

We carried out an announced comprehensive inspection at Leeds City Medical Practice on 19 April 2018, as part of our inspection programme.

At this inspection we found:

- The practice had clearly structured 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.
- Since the previous inspection the practice had introduced a clear and effective system to ensure staff who acted in the capacity of a chaperone were appropriately trained.
- There were a range of recorded checks relating to cleaning, equipment and emergency medicines. However, these were not always kept up to date at the Crossland Surgery site.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. They ensured that care and treatment was delivered according to evidence-based guidelines and best practice.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were positive about the service, care and treatment they received at the practice.
- There was evidence of a cohesive team with a strong focus on continuous learning and improvement at all levels of the organisation. Staff were positive and enthusiastic regarding their work at the practice.
- There was a good use of skill mix and the practice were engaged with innovative schemes to support quality patient care and service delivery.

We saw an area of outstanding practice:

- There was a good use of skill mix and a comprehensive, co-ordinated approach to support care and treatment provided to those patients who were elderly, frail or had mental health needs.

The areas where the provider should make improvements are:

- Maintain clear written records of checks made at Crossland Surgery. For example, those relating to cleaning schedules and equipment checks.
- Complete the registration processes relating to the regulated activities provided, before they are recommenced.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist adviser, an expert by experience and a second CQC inspector.

## Background to Leeds City Medical Practice

Leeds City Medical Practice is the provider of the practice which has three sites: 123 Cemetery Road, Leeds LS11 8LH; Parkside Health Centre, 1st Floor, 311 Dewsbury Road, Leeds LS11 5LQ; Crossland Surgery, 218a Dewsbury Road, Leeds LS11 6ER. These are all based within the South East area of Leeds. As part of the inspection we visited all three sites. The premises at Leeds City Medical Practice and Parkside Health Centre are leased. However, the building at Crossland Surgery is owned by some of the GP partners.

The provider is contracted to provide General Medical Services to a registered population of approximately 16,800 patients. During the period January 2016 to January 2017, the practice had seen an increase of 2,367 patients, mainly as a result of a nearby practice closing.

Patients can access services at any of the three sites. There are some variables to the practice patient profile compared to national figures. For example, the percentage of patients aged 0 to 18 years is 47% (38% nationally); 16% of patients are aged 65 years and over (27% nationally); 11% of patients are unemployed (5% nationally) and 59% have a long-standing health condition (54% nationally).

The ethnicity of the practice patient population is approximately 70% white British, 18% Asian with the remaining 12% from other ethnic groups. The National

General Practice Profile shows the level of deprivation within the practice demographics being rated as one. (This is based on a scale of one to ten, with one representing the highest level of deprivation and ten the lowest.)

The provider is registered with Care Quality Commission to provide the following regulated activities: diagnostic and screening procedures; surgical procedures; treatment of disease, disorder or injury. At the time of our inspection they were not registered to provide family planning and maternity and midwifery services. The practice has suspended services relating to those activities until the registration had been completed.

The practice clinical team is made up of nine GP partners (six male, three female), one female salaried GP, one advanced nurse practitioner, one practice matron, six practice nurses (one of whom is the nurse manager) and two healthcare assistants. Clinical staff rotate across all the sites. The administration team consist of a practice manager, an assistant practice manager, a senior reception supervisor, two secretaries and a large team of reception/administrative staff.

Opening times for Leeds City Medical Practice and Parkside Health Centre are 8am to 6pm Monday to Friday. However, Leeds City Medical Practice is open until 8.30pm on Mondays and Parkside Health Centre opens at 7.30am on Thursdays.

Opening times for Crossland Surgery are Tuesday and Wednesday 8am to 10.45am and 2pm to 4.45pm; Wednesday is 8am to 10.45am; Friday is 8am to 10.45am and 2.30pm to 5.15pm. They are closed on Mondays.

Appointments are available with a range of clinical staff. When the practice is closed out-of-hours serviced are provided by Local Care Direct, which can be accessed by calling the NHS 111 service.

The practice is a training practice and accommodates GP Registrars and medical students. GP Registrars are fully qualified doctors who are completing their specialist training to become a GP.

We saw that the ratings from the previous inspection were displayed both in the practice and on the 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 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.
- Since the last inspection the practice had introduced a system to ensure that all chaperones were up to date with their training. When staff had completed their training and their DBS check they were issued with a 'chaperone badge'. If their training became out of date, the badge was removed and they were not able to act as a chaperone until they were updated. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. There were up to date audits and evidence of completed actions for all practice locations.
- The practice had arrangements to ensure that facilities and equipment were safe, regularly maintained and in good working order. However, these were not always kept up to date at the Crossland Surgery site. Since the inspection, the practice has provided evidence of the system they have now introduced to ensure regular checks of equipment and medicines is maintained and recorded. This system now needs to become embedded.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were 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. We saw there was forward planning which allowed GPs to cover for one another without the need for locums.
- 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.
- There was a system in place to manage patient safety alerts. These were cascaded to staff and discussed in clinical meetings as appropriate. It was clearly documented where action had been taken in response to alerts. We saw the practice had taken action in response to the most recent MHRA drug safety alert (April 2018) regarding the regulatory measures of the prescribing of sodium valproate in women or girls of child bearing age. We also saw a recent audit that had been undertaken in response to a medicines alert to evidence where patients' treatment had been reviewed in line with the alert.

## 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. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Regular meetings were held with other community staff, such as the district nurse, palliative care team and health visitors.
- 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.

## Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Medicines were prescribed, administered or supplied to patients 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 were reviewed and their health monitored in relation to the use of medicines and followed up on appropriately.

### Track record on safety

The practice had a good track record on safety.

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

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff were encouraged and supported to raise any areas of concern. They understood their duty to report incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

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

# Are services effective?

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

Any Quality Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.

### **Effective needs assessment, care and treatment**

The practice had systems to keep clinicians up to date with current evidence-based practice.

- Patients' needs, along with their mental and physical wellbeing, were assessed by clinicians. Care and treatment were delivered in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Clinical templates were used, where appropriate, to support decision making and ensure best practice guidance was followed.
- Clinical staff were aware of social prescribing and signposted patients to other avenues of support as appropriate.
- Patients were advised where to seek further help and support should their condition deteriorate.
- There was no evidence of discrimination when clinicians made care and treatment decisions.

#### Older people:

- Patients aged 65 years and over were offered vaccinations for the prevention of influenza, pneumococcal and shingles.
- Older patients were assessed to identify those who were living with moderate or severe frailty. Those identified patients received a holistic view of their care and treatment needs. The practice had access to a local community Consultant geriatrician to discuss patients of concern.
- The practice followed up on older patients who were discharged from hospital. They ensured that patients' care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice matron regularly attended the two local nursing homes, where the practice had registered patients. They also undertook acute visits to housebound patients. This supported patients to be cared for in the home, rather than having to attend secondary care unnecessarily.
- The practice had devised a bespoke urinary tract infection/catheter management protocol and a

'suspected urinary tract infection' form to be used by staff at the nursing homes. This supported patients to be identified and treated quickly, appropriately and effectively. Training had been given to the nursing home staff by practice clinicians.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- There was a proactive and integrated team approach to diabetes care of patients. There were regular clinical meetings to discuss complex patients.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- Staff who were responsible for the reviews of patients with long term conditions had received specific training.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- There was regular liaison with the health visitor to support appropriate care and support was available for children and families.

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

# Are services effective?

- The practice's uptake for cervical screening in 2016/17 was below the national coverage target. We saw evidence to show this had improved slightly for 2017/18. We were informed of the actions the practice was taking to improve uptake rates, which included having a nominated cervical screening champion. There were systems in place to follow-up those patients who did not attend for their screening.
- The practices' uptake for breast and bowel cancer screening was below the national average. The practice was aware of this and were proactively encouraging uptake in these areas. There was a nominated member of staff who acted as a cancer screening champion. We were informed that, due to a migratory population this impacted on figures. Additionally, some patients returned to their country of origin to access screening services there.
- The practice offered students catch-up vaccinations for measles, mumps and rubella (MMR) and meningitis before they were attending university or college.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability.
- Annual health checks were offered to patients who had a learning disability. These patients were also signposted to other appropriate services for additional support.
- 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):

- Patients who had complex mental health needs or dementia had their care reviewed in a face to face consultation with a clinician. The percentage of those patients who had received a review was higher than national averages.

- The advanced nurse practitioner supported patients who had mental health needs. They used a range of therapeutic resources to initiate low level interventions prior to, and in conjunction with, medication prescribing.
- 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.
- Those patients who were on long-term or high risk medication were reviewed in line with guidance.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. In those instances where dementia was suspected there was an appropriate referral for diagnosis.

## 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.

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives, such as QOF and the primary mental health service collaboration with 11 local practices.
- The QOF results for 2016/17 showed the practice was performing in line with CCG and national averages. Unverified and unpublished data we saw for 2017/18 QOF showed the practice had improved their overall score and in several of the domains.
- A programme of audit was used to drive quality improvements in clinical care and service delivery. We reviewed several audits, which included an audit on the uptake of cervical screening in HIV positive women and an audit relating to patients being prescribed specific medications for hypertension. We saw that these both evidenced where improvements had been made.
- The practice participated in local quality incentive schemes. They also used information provided by the CCG to identify and address any areas for improvement.

## Effective staffing

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



# Are services effective?

- The practice had reviewed the skills needed to provide the care and service delivery for patients. Consequently, there was a range of roles which included advanced nurse practitioner, practice matron, nurse manager and reception supervisor.
- There was a training matrix in place which evidenced that staff were up to date with mandatory training, such as fire safety, safeguarding and infection prevention and control.
- 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 provided staff with ongoing support, through an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- The nurse manager provided ongoing support, training and development for the nursing team. They had recently introduced peer reviews to be undertaken throughout the year and to be used alongside the appraisal process.
- The practice had appointed a newly qualified nurse to train as a practice nurse under the 'GP Nurse Ready Scheme'. This individual had also been nominated for the Yorkshire and Humber Primary Care Practice Nurse Rising Star award; of which they had been a finalist.
- The practice matron regularly visited the two local nursing homes to ensure coordinated care was delivered between the practice and the nursing home staff. This also ensured that there was a structured and patient centred approach to patients requiring end of life care. They also carried out acute visits for elderly housebound patients.
- 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.
- The practice matron supported those patients who required palliative care. There was a discussion with the patient regarding their wishes for end of life care. Arrangements were put in place for any anticipatory medications (such as pain relief) to prevent any unnecessary discomfort or distress to the patient and their family.
- The nursing home staff reported improved coordination and quality of care for patients, as a result of the interventions between themselves and the practice matron.
- The practice had access to collaborative primary care mental health services, through which mental health workers supported patients who were not appropriate to be referred onto wider mental health services. The senior primary care mental health practitioner of that service provided regular guidance and support to the ANP. The practice had received positive feedback from patients, who welcomed being seen within the primary care setting.

## Coordinating care and treatment

Practice staff worked together, and with other health and social care professionals, to deliver effective care and treatment.

- We saw records which showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- Care was coordinated between services and those patients who received 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 had developed integrated pathways between their nursing team and the local district nursing team, to reduce duplication of work and to improve efficiency and patient care.

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

# Are services effective?

- The practice supported national priorities and initiatives to improve the population's health, for example, the frailty and falls prevention scheme.
- Healthy lifestyle information and interventions, such as smoking cessation, alcohol misuse and social prescribing, were available for patients. In addition, patients had access to a Citizens Advice Bureau worker who was based in the practice.
- The practice participated in the New Models of Care, which is a proactive multidisciplinary team approach to provide patient centred care within the community to promote health and wellbeing.

## 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 Table for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The NHS Friends and Family Test is a survey which asks patients if they would recommend the practice to their friends and family, based on the quality of care they have received. The results from March 2017 to March 2018 showed the practice was consistently high for the number of patients who would recommend the practice.
- Comments we received on the day of the inspection were positive about how they were treated by staff.

## **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 and had access to communication aids such as a hearing loop and translation services.
- The practice identified patients who were a carer for another person and support was provided at an individual level.
- Patients and carers were signposted to advocacy services that could support them in making decisions about their care and treatment if needed.
- The most recently published national GP patient survey results (January to March 2017), showed the practice was slightly higher than the national averages for the percentage of patients who said they thought the GP and nurse was good at involving them in decisions about their care.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Patients' comments we received on the day of inspection supported this.
- 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.

**Please refer to the Evidence Table 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.
- Care and treatment for patients approaching the end of life was coordinated with other services.
- Patients were supported to access additional avenues of support, such as community services and voluntary organisations.
- The facilities and premises were appropriate for the services delivered. The practice made reasonable adjustments when patients found it hard to access 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.
- All older patients had a named GP and a practice matron had been employed to support delivery of care for older patients.
- The practice matron visited patients who were resident in two local nursing homes. They supported the staff there in the provision of care and treatment for those patients.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice had a large nursing team, with a range of skills, to support management of patients with long-term and complex needs.
- Care was co-ordinated with other health care professionals, such as district nurses, to support patients who were housebound.

### Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- There was access to emergency appointments or telephone consultations for those parents who had concerns regarding their child's health.

### 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.
- The practice offered extended hours appointments and a telephone triage service.
- Patients were encouraged and supported to access online services, such as booking appointments and ordering prescriptions.

### 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.
- Longer appointments were available for those patients who had complex needs or needed translation services.

### 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.
- Patients with poor mental health had access to health checks and supportive interventions relating to improving their physical and mental wellbeing. These included access to crisis intervention, counselling and local support groups.
- The practice participated in the local mental health collaboration service, where patients could access counselling within the practice.

## Timely access to care and treatment

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

## Are services responsive to people's needs?

- There was access to a variety of appointments, extended hours, telephone triage and weekend appointments at the local GP 'hub'.
- The advanced nurse practitioner supported the GPs in the care and treatment of those patients who were acutely unwell and required to be seen the same day as requested.
- 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.
- On the day of inspection there were mixed comments from patients regarding access to regular appointments. However, all said they were able to get an urgent appointment when needed.

### **Listening and learning from concerns and complaints**

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, processes had been reviewed and staff updated, as a result of an incident relating to a Vitamin B12 injection.

**Please refer to the Evidence Table 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, challenges and priorities relating to the quality and future of services.
- 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.

## Vision and strategy

The practice had a clear vision, a realistic strategy and supporting business plans to deliver high quality, sustainable care.

- 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

## Culture

The practice had a culture of being open and delivering high-quality sustainable care.

- 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 annual appraisals and role development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Any behaviour and performance inconsistent with the vision and values of the practice was acted upon.

- There was a strong emphasis on the safety and well-being of all staff. The practice actively promoted equality and diversity.
- There was evidence of a cohesive team and positive working relationships between all staff. Staff told us they felt respected, supported and valued. They spoke passionately about working at the practice and there was an evident commitment to providing high quality care for their patient population.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities, including those 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.
- There were a range of meetings where good governance was on the agenda and staff were kept informed of developments within the practice.
- Oversight of the written records of checks made at Crossland Surgery site, was not as efficient as those at the Leeds City Medical Centre site. However, we were assured post-inspection that this had improved significantly.

## 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. There was a practice oversight of national and local safety alerts, incidents, and complaints.

# Are services well-led?

- There was a programme of clinical audit and quality improvement activity which could evidence positive impacts on the quality of care and outcomes for patients.
- 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 staff 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.
- The practice used information technology systems to monitor and improve the quality of care.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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, staff and external partners to support high-quality sustainable services.

- The service was transparent, collaborative and open with stakeholders about performance.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group.
- Members of staff worked with the local federation of GP practices to support learning and development.

## Continuous improvement and innovation

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

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There was a focus on continuous learning and improvement. One of the practice GPs attended a conference in Sweden to deliver a presentation on New Models of Care, which had been well received.
- There was a good use of staff skill mix to support quality patient care and service delivery.
- At the time of our inspection there was no significant recorded evidence to show improvement in outcomes for patients, as a result of the innovative roles of the practice matron and the mental health interventions. However, the practice were advised to look at how these could be recorded and submitted to CQC via the provider information tool (PIC) at their annual review.

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