

# Dr R D Gilmore and Partners

## Quality Report

Manor Park Surgery  
Bellmount Close, Bramley, Leeds LS13 2UP  
Tel: 0133 239 4416  
Website: [www.manorparksurgery.co.uk](http://www.manorparksurgery.co.uk)

Date of inspection visit: 16th March, 2016  
Date of publication: 27/07/2016

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?	Outstanding	
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Areas for improvement	13
Outstanding practice	13

### Detailed findings from this inspection

Our inspection team	15
Background to Dr R D Gilmore and Partners	15
Why we carried out this inspection	15
How we carried out this inspection	15
Detailed findings	17

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manor Park Surgery on 16th March, 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Risks to patients were assessed and well managed, through the Risk and Governance Assurance Framework.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to patients to help them understand the care available to them.
- Information about services and how to complain was available and easy to understand and improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it reasonably easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of, and complied with the requirements of the duty of candour.

# Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. For example, weekend appointments via the 'Hub' which covered five practices. They also shared management staff and expertise with a neighbouring practice.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had a clear vision which had quality and safety as its top priorities and was understood by staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The Patient Participation Group ran an education service for young patients. This was developed in response to public health data which showed educational attainment in the Bramley area was 10% below the national average, and 20% below the national average in maths. It was run on a voluntary basis by members of the PPG with support from the practice and Leeds City Council and created a focus for health engagement and education within the younger community and their parents and carers registered with the practice, to stimulate learning.
- The practice employed an advanced nurse practitioner to focus on the 2% of the patient population identified as likely to be admitted to hospital as an emergency admission. Evidence showed that emergency hospital admissions for this group of patients had been reduced from 0.9 per 100 patients to nil over the 32 weeks prior to the CQC inspection.

We saw several areas of outstanding practice:

- The practice had arrangements in place that assured seven day access to primary medical care and 24 hour access to medical advice.
- Physiotherapy First. An in-house physiotherapy team, operated from purpose built rooms and the physiotherapy team had full access to the electronic patient records. Patients could be seen the same day and they could directly refer themselves into this service. A review of 115 patients showed that 100% would recommend the service to friends and family.

The areas where the provider should make improvement are:

- Consider including in the complaints annual review information about timeliness and appropriateness.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

There was a system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence that incidents were discussed at clinical and business meetings and were formally recorded on a significant event form with an identified review date. Lessons were shared throughout the practice to ensure action was taken to improve safety.

- We saw evidence that when things went wrong patients received reasonable support, truthful information and a written apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. Risk management was comprehensive, embedded and recognised as the responsibility of all staff. There was an awareness that notifiable incidents should be reported to CQC and NHSE.
- There was a lead GP with responsibility for sharing patient safety alerts, which were discussed at practice meetings and cascaded to the wider team.
- The practice had a bespoke overarching risk and governance assurance framework in place which had been devised by a nearby practice, and which was implemented across the organisation. It provided an instant snapshot showing how the practice was performing and identified and highlighted areas of weakness. It was updated regularly by the Operational Manager and reviewed by the partners on a monthly basis.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Innovative and proactive methods were used to improve patient outcomes and working with other local providers enabled the sharing of best practice.

Good



# Summary of findings

- Practice performance data showed that the practice was performing well when compared to practices nationally and there was strong evidence to show that new services and roles were delivering valued and effective interventions.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.

Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, for example the local care teams.

## Are services caring?

The practice is rated as good for providing caring services.

- We observed a patient centred culture. Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We found positive examples to demonstrate how patient's choices and preferences were valued and acted on, for example the changes in the same day appointments system.

Good



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. Examples of this included the Pharmacy First project which meant patients could receive some healthcare services without the need to see a GP first the development of the Wellbeing Centre, extended opening hours and E-consult which supported patients accessing their GP through electronic means.
- The practice provided integrated patient-centred care and an example of this was the work of the advanced nurse practitioner who focused on the patients most at risk of unplanned hospital admission.

Outstanding



# Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. Examples of this were the literacy/ numeracy project and the development of the Wellbeing Centre, PPG noticeboards, and extended opening hours.
- Patients could access appointments and services in a way and at a time that suited them. There was a walk-in surgery every morning and GPs carried out pre-booked/ same day e-consultations for patients who could not attend the surgery.
- The Practice identified an online platform that provided a way for patients to self-manage minor ailments and long term conditions through NHS choices.
- The practice promoted the use of online services, for example appointment booking, ordering prescriptions and accessing test results.
- There was 24 hour medical advice available via the web platform, which had been live for 17 weeks before the inspection.
- Appointments were available from 8am to 4pm on a Saturday, Sunday and bank holidays via the 'Hub', which was based at Manor Park Surgery and the delivery of the service involved four practices working in partnership.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. However, the complaints annual review did not include information about timeliness and appropriateness to provide a full picture of how complaints were dealt with.
- The practice participated in the Leeds West CCG commissioned social prescribing project PEP (Patient Empowerment Project). This aimed to refer patients on to a range of local services to resolve matters such as social isolation, financial worries and housing issues. The scheme was advertised and promoted widely within the practice which resulted in them becoming the main refers into the scheme. Evidence showed that patients engaged with PEP were seeking fewer GP appointments and had fewer attendances at A & E.
- The practice had supported the development by members of the PPG of a literacy and numeracy scheme, in response to the low levels of achievement in these subjects within the practice area.

# Summary of findings

## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients, and staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, and the implementation and use of the Assurance Framework.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. There were systems in place for notifiable safety incidents and this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and innovative, and the practice had engaged with the local community, particularly in relation to the development of the Wellbeing Centre.
- There was a focus on continuous learning and improvement at all levels.

Good



# 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

The practice is rated as good for the care of older people.

The practice offered proactive, personalised care to meet the needs of the older people in its population, was responsive to the needs of older people, and offered home visits and urgent appointments for those with increased need. The practice had developed a small team including a clinical care coordinator (advanced nurse practitioner) with administrative support. They identified high service users to create a list of patients who required additional support. The team also asked GPs and the local neighbourhood team to identify any patients they thought would benefit from input. This was a constantly evolving process allowing new patients to be added. The result was better integration with social care and the local neighbourhood care teams and had led to better joined up care. The practice was about to start regular multidisciplinary team meetings based at the surgery to discuss patients and develop joint management plans. This initiative led to a reduction in A & E attendances, emergency hospital admissions and calls to the out of hours service for this group of patients.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice aimed to empower patients to be experts in their care, and also to use new technology to improve access. They identified an online platform that provided self-management through NHS choices for minor ailments and also long term conditions.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good





# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, including children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation uptake rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- There was a private room available for breastfeeding.
- The percentage of women aged 25 to 64 who had a cervical screening test in the preceding five years was 83% compared with a national average of 82%.
- Practice nurses provided a walk-in contraceptive clinic 7am to 7pm three days a week.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The improving literacy, numeracy and health promotion scheme developed by a member of the PPG in response to the low levels of achievement in these subjects within the practice area.
- Education initiative developed in response to public health data on education achievement in the Bramley area and run by a PPG member which was aimed at stimulating an interest in learning in children and their accompanying adults who attended the surgery.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students 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 had been proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- There were extended opening hours from 7am to 7pm Monday to Friday and weekend and bank holiday opening via the local 'Hub' from 8am to 4pm.

Good



# Summary of findings

- The practice used new technology to improve access. As well as encouraging patients to access their clinical computer system online they were developing a system to use smart phone/web based technology to improve access. They had identified an online platform that provided the opportunity for patients to self-manage minor ailments and long term conditions through NHS choices. The practice agreed to trial the service and link it to the Patient Empowerment (PEP) service which provided support to patients with mental health and social isolation problems. They used their website to advertise the service to their patients and directed patients to that when they rang or were seen in the practice. The key results from the study so far are; that the practice is the main referrer into the scheme with over 250 patient referrals in the first year, that there had been an improvement in mental health wellbeing, and fewer appointments and attendances at A & E by people using the service.
- The practice offered an in-house physiotherapy service called 'Physiotherapy First' to any patient over the age of twelve years, in line with the CCG care closer to home policy.
- An extended hour's pharmacy was available on the premises.
- The practice promoted the use of online services, for example, appointment booking, ordering prescriptions and accessing test results and had introduced a 24 hour medical advice via the web platform.
- The practice offered a minor ailments clinic which was led by an advanced nurse practitioner.
- There was 24 hour advice available via the web platform, which had been live for 17 weeks, and which had received positive initial feedback from patients. 71% of the patients using this service were employees in full-time work.
- Patients could attend the daily GP led walk in surgery.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, and these patients were discussed at practice meetings. The practice offered longer appointments for their patients with a learning disability and regularly worked and met with other health care professionals in the case management of

Good



# Summary of findings

vulnerable patients. The practice informed vulnerable patients about how to access various support groups and voluntary organisations for example, the patient empowerment project (PEP).

- Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice participated in the Leeds West CCG commissioned social prescribing project PEP (patient empowerment project). The project allowed referral of patients onto a range of local services to resolve matters such as social isolation, financial worries and housing issues amongst others. Evidence provided showed that the patients engaged with PEP were seeking fewer GP appointments and had fewer attendances at A & E.
- The practice worked in partnership with the local community and Leeds City Council to develop plans for a Wellbeing Centre next to the practice, which would allow them to increase the type of services and support delivered to the community.
- The practice encouraged patients and carers to tell them if they undertook this role and this was recorded in the patient notes. Information was available to direct carers to the various avenues of support as well as referral to the 'Caring for Carers' service.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The percentage of patients with schizophrenia, bipolar disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 98%, which was significantly better than the national average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and carried out advance care planning with these patients. The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice participated in the Leeds West CCG commissioned social prescribing project PEP (patient empowerment project). The annual evaluation showed that there had been a statistical improvement in mental health wellbeing scores and that

Good



# Summary of findings

patients referred into the scheme reported that they had more confidence to self-manage their own medical conditions, had improved knowledge of when to see a GP and to try other interventions rather than relying on medicines. Evidence was provided that showed that the patients engaged with PEP at the practice were seeking fewer GP appointments and had fewer attendances at A & E.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 293 survey forms were distributed with 101 being returned, representing a 35% return rate.

- 66% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received and the doctors and staff. There were a couple of comments about experiencing difficulty in getting through to the practice by telephone. The practice had reviewed the results of the national patient survey and developed the GP web based service in response to the comments by patients about difficulty in getting through to the practice by telephone.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

- Consider including in the complaints annual review information about timeliness and appropriateness.

## Outstanding practice

- The practice had arrangements in place that assured seven day access to primary medical care and 24 hour access to medical advice.
- Physiotherapy First – In-house physiotherapy team, operated from purpose built rooms and the team had full access to the electronic patient records. Patients could be seen the same day and they could directly refer themselves into this service. A review of 115 patients showed that 100% would recommend the service to friends and family.
- The Patient Participation Group ran an education service for young patients. This was developed in response to public health data which showed educational attainment in the Bramley area was 10%

below the national average, and 20% below the national average in maths. It was run on a voluntary basis by members of the PPG with support from the practice and Leeds City Council and created a focus for health engagement and education within the younger community and their parents and carers registered with the practice to stimulate them to learn.

- The practice employed an advanced nurse practitioner to focus on the 2% of the patient population identified as likely to be admitted to hospital as an emergency admission. Evidence

# Summary of findings

showed that emergency hospital admissions for this group of patients had been reduced 0.9 per 100 patients to nil over the 32 weeks prior to the CQC inspection.

# 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 practice manager specialist adviser.

### Background to Dr R D Gilmore and Partners

Manor Park Surgery, Bellmount Close, Bramley, Leeds is situated in the Leeds West area and is a long established practice. The area has pockets of severe deprivation and the practice population is in the second most deprived grouping. The facilities are modern and have been significantly extended in the past year and now include a number of related services such as a 100 hours pharmacy, physiotherapy and optometry services. There is also the capacity to add additional rooms in the future. There is good access, parking facilities and transport links.

There are eight GP partners, four male and four female (6.3 wte based on 9 sessions equating to full time). There are 5 practice nurses (3.7 wte) all female, six health care assistants (HCAs) (4.75 wte) all female and two Advanced Nurse Practitioners (1.8 wte) one male and one female and both of whom are Independent nurse prescribers.

The practice is a GP training practice and currently hosts a GP trainee.

The practice is open Monday 7am to 8pm, Tuesday to Friday 7am to 7pm and Saturday and Sunday 8am to 4pm. There is a walk in service available Monday to Friday between 8am and 11am. When the practice is closed patients are asked to contact the surgery number and the

phone will be transferred directly to the out of hours service, which is provided by Leeds Care Direct. There are Minor Injury Units available at St. Georges Road Middleton and Wharfedale General Hospital.

The practice provided services to 14,910 patients under the terms of a NHS General Medical Services contract. The patient profile is in line with the national averages, with a slightly higher number of patients aged 0 to 4 years old.

The practice CQC registered manager had retired from the practice, but the process had been put in place to appoint a new registered manager.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 March 2016. During our visit we:

- Spoke with a range of staff including GPs, Practice Nurses, HCA, Advanced Nurse Practitioners, operations manager and spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for and talked with family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) data, this relates to the most recent information available to the CQC at that time.



# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Examples of reported incidents provided by staff included needle stick injuries and a safeguarding situation.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We were provided with evidence that confirmed incidents were discussed at bi-weekly clinical or business meetings as appropriate and formally noted on an serious untoward incidents form with reviews, although did not always include lessons learnt.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice, the details of a recent medication incident were provided.

The Practice had recently implemented an Assurance Framework and process which demonstrated safety across the organisation and covered areas such as health and safety and an overview of staff training. The system provided an instant snap shot of how the practice was performing and used a 'traffic light' system to identify areas for development and record evidence of compliance. The partners received monthly overview and progress reports. The operational manager was responsible for updating the system on a regular basis.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements including a lead GP for safeguarding were in place. Policies were accessible to all staff, and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports, where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses to level two. There were notices on clinical room noticeboards about safeguarding and domestic violence. There were safeguarding flags on patient clinical notes to identify those at risk.
- Notices were displayed in the waiting room and in all the clinical rooms advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the 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). Doctors recorded the use of a chaperone on the patient record, and it was confirmed by chaperones that they coded their involvement in the patient records too.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The infection control audits were discussed at the regular nursing team meetings. There was a cleaning schedule which included the frequency of cleaning for equipment.
- The practice had undertaken a Health and Safety risk assessment, and there was a record of portable appliance testing, although on the day of the inspection

## Are services safe?

there were two office portable appliances that had not been tested. There was a record of equipment calibration and a maintenance contract for yearly servicing. The temperatures on the vaccine fridges were checked and recorded twice a day, and the doctor's bags were checked monthly.

- The practice ensured that when vaccines were taken off practice premises for use in a home environment that they were transported in line with national guidance.
- The arrangements in the practice for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The two Advanced Nurse Practitioners were both independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There were also Patient Specific Directions in place for the health care assistants covering B12, flu and pneumococcal injections. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- An HR policy was in place and evidence of induction processes was seen. The practice did not use locum GPs very often, although there was a locum pack available and the necessary checks were undertaken by an external agency.
- There was an informal system of clinical supervision for the non-prescribing practice nurses.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There were arrangements in place for checking the working status of the defibrillator including the battery and expiry date of pads, and the oxygen supply. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE which were on the intranet and used this information to deliver care and treatment that met patients' needs. One protocol that was checked had been produced in 2012 and had an author but no review date and we noted that staff had difficulty finding specific protocols.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice achieved 97% of the total number of points available in the most recently published results. The practice had higher than average exception reporting rates for asthma, depression and diabetes. This was discussed during the inspection and the practice suggested this was due to patients who failed to attend for appointments on a regular basis and those with resolved conditions, as they consider that they do not exception report many patients on clinical grounds. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was an average of 88% across the five indicators and better than the national average which was an average of 84%.
- Performance for mental health related indicators was the same as the national average at 89%.
- There was evidence of quality improvement including clinical audit.

- We were provided with a list of 14 clinical audits completed in 2015/16; at least two of these were completed audits where the improvements made were implemented and monitored, and more were planned. Audits were discussed at clinical meetings and planned after clinical meetings or following updates such as medicines safety.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included introducing a system to recall and review patients who were prescribed regular preventative antibiotics to ensure prescribing was in line with local and national guidelines. (Preventative antibiotics are used before, during, or after a diagnostic, therapeutic, or surgical procedure to prevent infectious complications.)

The practice worked with the CCG medicines management team to review older patients on multiple medications to remove medicines they no longer needed.

Information about patients' outcomes was used to make improvements such as the development of 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 effectively. The practice managed the capacity of the service to offer same day appointments where necessary. This service was funded via the CCG from non-recurrent funding, but if the outcomes are good the practice told us they would consider funding the continuation of the service if necessary. Outcomes so far included 100% (110 patients) would recommend the services to others, and only 6% of patients were referred back to the GP for alternative treatment.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that the practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions and staff told us that the practice supported them to undertake additional training.

# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by undertaking continual professional development, access to on line resources and discussion at practice meetings and practice protected learning time.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, and informal clinical supervision. All staff had received an appraisal within the last 12 months. The practice used the monthly TARGET (protected learning time) sessions both in house and those provided by the CCG to support staff training.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance, infection prevention and control. Staff had access to and made use of e-learning training modules and in-house training.
- The practice assurance system produced a spreadsheet detailing all practice areas including training and appraisal.
- A senior and key member of staff had left the practice at short notice two weeks before the inspection day, and there was evidence that the partners had implemented their business continuity plan effectively to deal with this.
- The practice had a list of the top 2% of patients at risk of unplanned hospital admission and an advanced nurse practitioner was responsible for reviewing and managing the care of these patients.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance and staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance and where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83% compared with a national rate of 82%. The practice encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems in place to ensure results were received for all samples sent to the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

## Are services effective? (for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 90% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for patients over 75. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs, and there was also a private room available for breastfeeding.
- Staff had received training on how to deal with patients compassionately and with dignity and respect.
- There were a mixture of male and female GPs and nurses available.
- The practice had full access for people with a disability.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice shared with us a copy of their action plan which they had developed in response to the patient survey. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 83% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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 in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

## Are services caring?

- Staff told us that interpretation and translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There were alerts on the patient record if this was the case.
- Information leaflets were available in an easy to read format.
- There was a system to identify patient with a hearing impairment and there was a hearing loop available in the practice. Patients with learning difficulties, complex needs, are hearing impaired or need to use an interpreter were offered longer appointments.
- The practice proactively advertised and used the PEP social prescribing model and had identified positive outcomes from using this service.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them as well as referral to the 'Caring for the Carers' service.

Staff told us that if families had experienced bereavement, their usual GP contacted them by phone and advice was provided on support services. This system was informal and relied on the knowledge of staff or the GPs.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the Physiotherapy first service responding to the rate of consultations for musculoskeletal problems. The practice were also involved in the development of the literacy and improving knowledge of general health project in collaboration with the PPG, and the development of the GP web service in response to the comments by patients about difficulty in getting through the practice by telephone.

There was 24 hour medical advice available via the web platform which had been live for 17 weeks before the inspection. The initial review of this service showed that 570 patients had used it of which:

- 27% had received self-management advice
- 13% had received pharmacy advice
- 9% had used NHS 111
- 51 % had used e-consultation
- 71% of the patients using this service were employees in full-time work.

Patients said that had the service not been available then:

- 50% would have requested a face-to-face appointment with their GP
- 14% would have requested a telephone discussion with their GP
- 7% would have looked for further information on the internet

When asked if they would use the service again instead of booking a face to face appointment:

- 57% said they would
- 14% said they would not
- 29% were unsure.

64% of patients who had used the service said they were extremely likely or likely to recommend the service to friends while 21% were extremely unlikely or unlikely to do so.

- The practice participated in the Leeds West CCG commissioned social prescribing project PEP (patient empowerment project).The project aimed to refer patients onto a range of local services to resolve matters such as social isolation, financial worries and housing issues amongst others. The practice was well engaged with the project, and had advertised and promoted it widely within the practice and over 250 patients had benefited from it in the first year. The annual evaluation showed that there had been a statistical improvement in mental health wellbeing scores and that patients referred into the scheme reported that they had more confidence to self-manage their own medical conditions, had improved knowledge of when to see a GP and to try other interventions rather than relying on medicines. Evidence was provided that showed that the patients engaged with PEP at the practice were seeking fewer appointments and had fewer attendances at A & E.
- The practice hosted the Physio First service which was a general physiotherapy service for all patients over the age of twelve and which was funded by the CCG from non-recurring money and the practice had considered funding this service directly from practice funds if the CCG funding stopped. The service is available from Monday to Thursday 7am to 7.30pm. Patients could self-refer to the service and it was widely advertised on the TV sets in the waiting rooms. Initial findings indicated that there had been reduced secondary care attendances.
- The practice had appointed two advanced nurse practitioners (ANP), both of whom were independent prescribers. One ANP delivered a generalist service working independently of the GPs and could manage, prescribe and refer including pre-booked appointments, walk-in service and a mental health service. The ANP could also treat patients with Asthma, COPD and diabetes. Appointments were available between 8am and 4pm Monday to Friday and they also undertook home visits. Patient feedback of this role has been very positive. The other ANP provided a care co-ordination service which focused on the top 2% of patients who were most at risk of hospital admission. They used a risk stratification tool to audit home visits and A & E attendances, to identify the top 5% of over 75 patients who were frail and vulnerable to falls. They had strong links with local services available in Bramley and





# Are services responsive to people's needs?

(for example, to feedback?)

attended the multidisciplinary community team meetings, which also included adult social work representatives. There were plans to involve the local memory service in the future. They used social and clinical prescribing and undertook home visits and visits to patients living in care homes. The lone worker policy had been updated recently to cover the ANP Care Co-ordinator role and the cold chain for vaccines had also been extended to cover home visits. Patient feedback had been very positive, and there had been some positive outcomes from the work undertaken by this ANP over a 32 week period including:

- A reduction in A & E attendances per 100 patients in over 75s on the caseload from 3.5 to nil which was maintained over an eight week period
- A reduction in emergency hospital admissions per 100 patients on the over 75 caseload from 0.90 to nil (no emergency hospital admissions had been maintained over the previous eight weeks).
- A reduction in out of hours reports over 75s received 'provision of proactive care' per week from 1.1 to nil (nil has been maintained over the last 8 weeks)
- The practice worked with the local medicines management team to review older patients on multiple medications to remove medicines they no longer needed. The ANP carried out long term condition reviews on housebound patients.
- Clinical supervision for both these roles was provided by the lead GP and clinical indemnity was provided by the Practice.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Patients on the register were discussed at practice meetings.
- The practice regularly worked and had meetings with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations, for example, the PEP service.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their

responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

- There were longer appointments available for patients with a learning disability, patients with chronic conditions, people who are hearing impaired, and patients requiring interpreter services.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Home visits were provided by the Clinical Care Co-ordinator to those patients on her caseload.
- Same day appointments were available for children and those patients with medical problems that required same day consultation. In response to feedback from patients and a rising number of patients who failed to attend for appointments and rising numbers of A & E attendances, a walk in service had been developed in May 2014. The service was available Monday to Friday between 8am and 11am with a GP and there was also an on-call nurse and HCA identified every day for urgent requirements. A survey of patients using this service showed that 92% of patients wanted to keep the walk-in facility.
- Routine appointments could be booked up to three months in advance.
- The Practice offered appointments from 7am to 8pm on a Monday, 7am to 7pm Tuesday to Friday and 8am to 4pm on Saturdays, Sundays and bank holidays.
- On line medical consultations were available through the Econsult online platform which meant that 600 patients hadn't need to see a GP.
- The practice had two pharmacies on site, one of which was open 100 hours a week including weekends. Both of the pharmacies offered the 'Pharmacy First' service which means patients could receive healthcare advice without the need to book an appointment with a doctor.
- Patients were able to receive travel vaccinations available on the NHS, and the practice also proved a minor surgery service which included joint injections.
- There were disabled facilities, a hearing loop and translation services available.



# Are services responsive to people's needs?

## (for example, to feedback?)

- The chronic disease clinics were mixed so patients did not have to attend on a set day. Patients requiring chronic disease reviews were invited for their annual review in their birth month.
- The practice was aware of recent female genital mutilation (FGM) guidance and we saw evidence that this subject was on the agenda for their next clinical meeting. Posters raising awareness of FGM were displayed in clinical rooms.
- Practice nurses provide a walk-in contraceptive clinic 7am to 7pm three days a week.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 98%, which was significantly better than the nation average of 88%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Members of the Patient Participation Group had developed, and ran on a voluntary basis, an education service for young patients to stimulate them to learn, and make it fun. This had been developed in response to public health data which showed education attainment in the Bramley area was 10% below the national average, and in maths it was 20% below the national average. The key PPG member had developed a wide range of educational material not only for children to use when they were in the surgery, but also to take home and provided information to help adults support their children in continuing to learn. The PPG member had a trolley of activities and information which she took into the waiting rooms on a regular basis and engaged with children and with the accompanying adults. There was a detailed plan for the learning outcomes from this project and a range of resources including stories, quizzes, prosthetics and activities such as making toothpaste. The current project was based on the Ancient Egyptians and covered topics such as healthy eating and

exercise, use of herbs and oils for medication and the organs and bones of the body. A CD of activities had been produced. There were plans to expand this initiative when the Wellbeing Centre was functioning.

The PPG had developed links with a number of local organisations, for example Bramley Forum and Bramley Elderly Action and they had signed up to the Leeds City Council Constitution which had enabled them to access Council funding to support the education project.

### Access to the service

The practice was open between 7am and 8pm on a Monday and 7am to 7pm Tuesday to Friday. Extended hours pre-bookable appointments were available between 8am and 4pm on Saturday and 8am to 12 noon on a Sunday and bank holidays. The practice hosted the weekend and bank holiday 'Hub' services working with other nearby practices to deliver the service. Feedback from patients about this service had been positive. In addition to pre-bookable appointments that could be booked up three months in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 66% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was done by a doctor ringing the patient in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints



## Are services responsive to people's needs? (for example, to feedback?)

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We looked at the annual analysis of complaints received in the last 12 months of which there had been 32 and found these were satisfactorily handled, although it was difficult to assess if they had been dealt with in a timely way as the

date of closure was not recorded. There had been openness and transparency when dealing with the complaints. Lessons were learnt from individual concerns and complaints and from analysis of trends. Action was taken as a result to improve the quality of care. For example, a system was introduced to ensure receptionists confirmed all test results had been received before stating results were negative to patients over the telephone. The practice was in the process of producing an action leaflet for the website and waiting room on 'How to get the most from your GP' and regular reviews of patient demand and capacity were undertaken.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients by offering the highest quality primary health care to their patients.

- Staff knew and understood the practice values and vision.
- The practice had a strategy and supporting business plan which reflected the vision and values. The vision included the development of more collaborative working with other local GP practices and building of the community Wellbeing Centre.

### Governance arrangements

The practice had a written, comprehensive overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The Practice Manager had left the practice unexpectedly on the day they were informed of the CQC inspection (two weeks previously) and there was evidence that the partners had put emergency measures in place immediately to continue to have access to practice management skills from a neighbouring practice and the partners had taken over some of the responsibilities.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave people reasonable support, truthful information and a verbal and written apology
- The partners had worked with Leeds City Council and the local community to develop the concept of a Wellbeing Centre.
- The practice had strong links with Leeds West CCG.

There was a clear leadership structure in place and staff felt supported by management.

- Each GP had an area or areas of clinical responsibility including writing protocols and attending meetings
- There was an identified GP who attended CCG meetings on a regular basis and led on changes initiated there such as local initiatives regarding pre-diabetes and chronic obstructive pulmonary disease (COPD).
- Staff told us the practice held regular team meetings including bi-weekly clinical meetings, business meetings, regular palliative care and safeguarding meetings and quarterly whole practice meetings. The nursing team held weekly meetings which were minuted and the notes circulated via the intranet.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys, NHS Choices and complaints received. They had also undertaken a significant number of community meetings and stakeholder groups across the area about their proposal to develop the Bramley Wellbeing Centre
- The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example ideas on themes for the patient group notice board, improvement of the way patients are called to their consultation with the doctor, development of a project to run educational sessions for children in the waiting room based on health issues
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice and they used the monthly TARGET (protected learning time) sessions both in house and those provided by the CCG. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples of this were the involvement in the 'Hub' arrangements for weekend working with other practices in the area and the development of the Bramley Wellbeing Centre.

The practice had worked with the local community and Leeds City Council (LCC) to develop a Wellbeing Centre next to the practice in response to the impact they experienced on the wellbeing of their patients from the social prescribing project. We saw positive feedback from patients and the local community and a copy of the communications log was provided. The practice received permission to build a Wellbeing Centre on land adjacent to the practice and at the time of the inspection was in discussions with an architect. Plans for the wellbeing centre included, a meeting place, community garden, support groups, childcare, café, children's play area, and educational facilities amongst other community services.

A pharmacy led telephone triage service was being trialled at the time of the inspection. The practice planned to have a pharmacist based in the reception area if the service evaluated positively.