

Shakespeare Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Shakespeare Medical Practice	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (The previous inspection in April 2017 rated the practice as requires improvement.)

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

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We had previously inspected this practice on 18 April 2017. At that time we found the practice to be rated as requires improvement for providing safe, effective, caring, responsive and well-led care. The issues identified as requiring improvement affected all the population groups.

We subsequently carried out this announced comprehensive inspection at Shakespeare Medical Practice on 20 December 2017. This was to check whether the practice had addressed and actioned the areas of concern which were raised at the 18 April 2017 inspection.

At this inspection we found:

- All policies and procedures were embedded and easily accessible. Updates were cascaded to staff and discussed in meetings.
- There were systems and processes in place to manage risk.
- There was a named safeguarding lead, who had undertaken the appropriate training.
- There was an embedded system in place for actioning and cascading alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The processes for reporting and recording significant events had been reviewed and were now embedded. The complaints process had been reviewed to ensure that verbal complaints were captured and acted upon.
- There was evidence of shared learning and actions being taken as a result of reported incidents,

Summary of findings

complaints and patient feedback. These were used to drive change in service delivery as appropriate. For example, the implementation of additional clinical sessions.

- There was a commitment towards continuous learning and improvement. Learning was shared across all of the provider's services.
- There was a GP practice 'screening champion' who promoted cancer screening and supported patients to access this service.
- The GP practice had raised awareness of identifying carers and had increased the numbers now on the carers' register. All these carers had been invited to attend the practice for a review and provided with information as to what additional support mechanisms were available, such as local carers' groups.
- There was evidence of strong local leadership and management across both the GP practice and walk-in centre. Staff were also supported by the organisational management and leadership team.
- There was a cohesive team approach across both services and staff were positive when talking about the changes that had happened in the GP practice and walk-in centre.

There was an area of outstanding practice:

- The GP practice and walk-in centre staff proactively engaged and supported their patients in a variety of ways. For example, having a children's' party to encourage immunisation uptake; a coffee morning for older people; meditation sessions for patients with acute anxiety; a Christmas Day drop-in for lonely patients

There was one area where the provider should make improvements:

- Continue to review and take steps to improve patient satisfaction, relating to the GP practice, in those areas which are below the local and national averages. Such as patients' satisfaction with feeling listened to, being involved in decisions about their care and their experiences regarding accessing appointments.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Shakespeare Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector. The team included a GP specialist adviser and two additional CQC inspectors.

Background to Shakespeare Medical Practice

Shakespeare Medical Practice sits within the provider One Medicare Ltd's portfolio of practices and services across England. It is one of four GP practices operated by One Medicare Ltd in the West Yorkshire area. In addition to the four GP practice services, One Medical Group Ltd also deliver a primary care co-location service based in two Leeds hospitals.

Shakespeare Medical Practice is located at Burmantofts Health Centre, Cromwell Mount, Leeds LS9 7TA; which is approximately two miles East of Leeds city centre. The premises are leased from Leeds Community Health Trust, who is responsible for the maintenance of the building. There are a variety of community health services and another GP practice co-located within Burmantofts Health Centre. (These are not provided by One Medicare Ltd.) There is disabled access to the building, an onsite car park and a nearby pay and display car parking.

The provider has a contract to provide GP services to a registered patient population of approximately 5,046 patients. In addition, there is a separate contract to provide walk-in services at that location; which are accessible to any patients including those not registered with a GP in

England. All staff are employed by One Medicare Ltd, some of which work across both the GP practice and walk-in centre. Opening hours of the GP practice are 8am to 6.30pm Monday to Friday. The walk-in centre is open from 8am to 8pm every day, including weekends and bank holidays. When the GP practice and walk-in centre are closed out-of-hours services are provided by Local Care Direct, which can be accessed by calling the NHS 111 service.

The ethnicity of the patient population is varied, with 52% being of black and minority ethnic origin; compared to the 16% average across practices nationally. The percentage of patients aged 0 to 4 years is 11% (national average 6%) and those aged 15 to 44 years is 64% (national average 41%). 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 GP practice is staffed by two GPs (one male, one female), with the support of regular sessional GPs. We were informed the provider was currently in the process of recruiting an additional full-time GP. The nursing team consists of one male practice nurse, two regular sessional female practice nurses and a female health care assistant.

There are four advanced nurse practitioners (ANPs) who work in the walk-in centre. One of the ANPs also works in the capacity of clinical lead and another ANP in the capacity of clinical service manager across both the GP practice and walk-in centre. They will also undertake clinical work within the GP practice as required. There is an

Detailed findings

on call GP available each day to support the walk-in centre and the ANPs who work there. In addition team members include a patient advisor, patient ambassadors, physiotherapist, midwife and a respiratory nurse specialist.

Both services are supported by a local team of administration and reception staff. The provider has developed a 'One Leeds' model, which includes access to

clinical and non-clinical resources from within One Medical Group Ltd as and when needed and supports the appointment system across the Leeds locations. Staff also have access to members of the corporate team.

Ratings of the previous inspection were displayed in the patient waiting areas. However, they were not displayed on the provider's website.

Are services safe?

Our findings

We rated the GP practice, walk-in centre and all of the population groups as good for providing safe services.

At the previous inspection on 18 April 2017, we rated the GP practice and walk-in centre as requires improvement for providing safe services as: not all MHRA safety alerts and incidents had been acted on in a timely way; not all staff had been clear who the safeguarding lead was. During this inspection, we found that improvements had been made.

Safety systems and processes

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

- Safety risk assessments were completed. There was a comprehensive range of safety policies which were available on the provider's computer system. These were regularly reviewed and updates communicated to staff at meetings. Issues in relation to health and safety were also discussed at team meetings. Staff received training relating to safety and risk management as part of their induction and mandatory training requirements.
- There were systems in place to safeguard children and vulnerable adults from abuse; which reflected relevant legislation and guidance. Policies outlined the process to follow and who to go to for further guidance should a safeguarding concern arise. One of the advanced nurse practitioners (ANPs), who also acted in the capacity of clinical lead, was the safeguarding lead for the GP practice and walk-in centre. They had received appropriate training for this role. All other staff were trained to the appropriate levels for their roles and knew whom the safeguarding lead was.
- The GP practice and walk-in centre worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Staff checks were undertaken, including checks of professional registration where relevant, on recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where

they may have contact with children or adults who may be vulnerable). Staff who acted as chaperones were trained for the role and had received an appropriate DBS check.

- There was an effective system to manage infection prevention and control across both the GP practice and walk-in centre.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing and disposing of healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There had been some issues regarding levels of staffing in the walk-in centre. The ANPs, clinical lead and clinical service manager had raised this as a concern with members of the provider's corporate team. We saw that these concerns had also been recorded as significant events. As a result, the protocol had been revised to ensure that there was now a minimum of three ANPs working per shift.
- When there were changes to services or staff, these were assessed and monitored for any impacts on safety.
- 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, such as sepsis.
- There was an induction programme in place for staff, which was tailored to their specific roles.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- There were systems in place for sharing information with staff and other agencies to support delivery of safe care and treatment.

Are services safe?

- Daily 'huddles' occurred which supported all staff to be engaged and up to date with information to support safe care and treatment for patients.
- There had been some instances of young female patients presenting at the walk-in centre, where the ANP dealing with the patients had raised concerns in relation to the potential of female genital mutilation (FGM). As a result significant events had been raised, a review carried out to ensure that guidance was being adhered to and learning was shared across the provider's services. Information regarding FGM was displayed in the practice and walk-in centre and had been cascaded to staff, to remind them of their responsibilities to report concerns.

Safe and appropriate use of medicines

There were reliable systems in place for appropriate and safe handling of medicines.

- The systems for managing medicines, vaccines and equipment minimised risks. Prescription stationery was kept secure and usage monitored.
- Medicines were prescribed, administered and supplied to patients in line with legal requirements and current national guidance. Advice regarding medicines was given to patients as appropriate. Effective management regarding the use of antimicrobial products, such as antibiotics and antifungals, was promoted. This included raising staff awareness and actively monitoring and reporting on prescribing rates.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in reviews of their medicines.
- There was an embedded system in place for actioning and cascading alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that any patients which may have been affected by those alerts had been identified and reviewed accordingly, in appropriate timescales. All patient safety alerts were discussed at clinical and staff meetings.

Track record on safety

The GP practice and walk-in centre had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- These were regularly reviewed and activity analysed to look for any emerging trends. This helped the services to understand areas of risk and improve safety.
- Staff were encouraged to raise any areas of concern relating to safety.

Lessons learned and improvements made

The GP practice and walk-in centre learned and made improvements when things went wrong.

- The processes for reporting, recording and acting on significant events and incidents had been reviewed and were now embedded across both services. The complaints process had also been reviewed to ensure that verbal complaints were captured and acted upon.
- Local and organisational leaders and managers supported incident reporting across the services. For example, the reporting of concerns regarding staffing levels.
- There was evidence of shared learning and actions being taken as a result of reported incidents, complaints and patient feedback. These were used to drive change in service delivery as appropriate. For example, the implementation of additional clinical sessions in response to patients' comments and demand.
- Staff, leaders and managers told us there was a 'no blame' culture and they saw learning from incidents as an opportunity to improve systems and prevent recurrence.
- All safety and reported incidents from all the provider's services were discussed at the organisation's Integrated Governance Committee. This supported shared learning across the whole organisation at both a corporate and local level.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the GP practice, the walk-in centre and all of the population groups as good for providing effective services.

At the previous inspection on 18 April 2017, we rated the GP practice and walk-in centre as requires improvement for providing effective services as: patient outcomes relating to the Quality and Outcomes Framework (QOF) for 2015/16 had been low. However, data relating to these areas had related to the previous provider. During this inspection, we found that improvements had been made.

Effective needs assessment, care and treatment

There were systems in place to keep clinicians both in the GP practice and walk-in centre up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' clinical needs, including their mental and physical wellbeing, were assessed when prescribing treatment or making a referral to other services.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- We saw no evidence of discrimination when making care and treatment decisions.
- The GP practice was comparable to other GP practices locally and nationally for the prescribing of medicines such as hypnotics (primarily sleep medications used to treat different types of insomnia); antibacterials (used to treat bacterial infections) and antibiotics such as cephalosporin or quinolone (These antibiotics should only be used in specific circumstances or when other antibiotics have failed to prove effective in treating an infection.)

Older people:

- At the time of our inspection, there were only 95 registered patients who were aged 65 and over. The GP practice had performed a search of those older patients who may be classed as being frail. At the current time there had been no one identified as meeting the criteria. However, proactive and personalised care was provided by the GP practice to meet all those patients' care needs.

- Older patients who were recently discharged from hospital were followed up. Their care plans and prescriptions were updated to reflect any changes in need.
- Patient advisors supported patients and signposted them to other services to help meet their social needs. There was engagement with a local 'senior action group' to support patients who were experiencing social isolation.
- Two days prior to the inspection the service had held a coffee morning called "get a brew and fight the flu". This was to encourage older patients to attend for their influenza vaccinations and support social engagement. However, staff had reported a lower than expected turnout.

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.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training and were aware of their level of competence and accountability.
- A range of clinics were held to meet the needs of these patients. The practice nurse also offered opportunistic screening for chronic obstructive pulmonary disease (COPD), to those patients aged 35 years and over who may be at risk of developing the disease.
- A clinical nurse specialist in respiratory care delivered a weekly clinic in the GP practice, for those patients who had asthma or COPD.
- At 88%, the GP practice was in line with national averages for the percentage of patients with a diagnosis of COPD, having had a review of their care by a healthcare professional in the preceding 12 months.
- A respiratory workshop had been held, as part of World COPD day, to increase awareness of respiratory diseases. All patients aged 35 years and over and known smokers were invited to attend.
- As a result of interventions and increased access relating to long-term conditions, the GP practice could evidence a reduction in the number of their patients attending accident and emergency (A&E) departments.

Are services effective?

(for example, treatment is effective)

For example, during the months April to June 263 patients had initially attended A&E and this had reduced to 68 between July and September (approximately a 74% reduction).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had achieved a 93% uptake rate for the vaccines, which was in line with the national target percentage of 90%.
- Staff were working with the local children's services co-ordinator to look at how they could: make their services more child friendly, reduce the number of A&E attendances and improve how 'at risk' children were managed.
- The GP practice had delivered a "children's Halloween flu party" in October 2017, which included activities to keep children entertained. On the day there had been 32 children vaccinated against the risk of developing influenza. Patients' comments showed it had been well received.
- There was a weekly midwifery run clinic held in the GP practice. There were arrangements in place to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The GP practice's uptake for cervical screening was 81%, which was higher than the 71% coverage target for the national screening programme.
- Since August 2017, the GP practice had offered eligible female patients the option to attend a weekend clinic for their cervical screening. Staff reported there had been an increase in uptake as a result.
- The GP practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose

circumstances may make them vulnerable. Engagement with other agencies, such as palliative care teams, took place to ensure appropriate packages of care were in place.

- The GP practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients who had a learning disability were identified, to ensure a longer appointment was available for each consultation. An annual review of their health needs was undertaken with these patients.
- Blood borne virus screening for Hepatitis B, C and HIV was available for patients who gave their consent.
- All staff received training to support vulnerable patients. This included training relating to safeguarding, equality and diversity and awareness of female genital mutilation (FGM).
- The clinical service manager/ANP was part of the Leeds wide gypsy/traveller health group. They were proactive in providing health advice and supporting that group of patients to register with an NHS GP practice. They provided support to staff at the GP practice and walk-in centre as needed.

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

- The GP practice supported and promoted the health of patients who had poor mental health and those living with dementia. For example:
- 100% of patients who experienced poor mental health had received discussion and advice about alcohol (compared to the CCG average of 86% and national average of 91%).
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months (compared to the CCG average of 88% and national average of 90%).
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months (compared to the CCG average of 86% and national average of 84%).
- Staff referred patients to the local voluntary organisation 'crisis cafe' as needed. (A place for people in crisis to go for support to prevent avoidable attendances at A&E.) A patient advisor had a special

Are services effective?

(for example, treatment is effective)

interest in mental health and held a clinic once a week. They provided a listening service and offered mindfulness, health advice and coping strategies for patients who attended.

- The clinical lead/ANP offered guided meditation to patients who may be experiencing acute states of anxiety.
- Staff reported positive outcomes from those patients who had accessed these services.

Monitoring care and treatment

The GP practice and walk-in centre had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Where appropriate, clinicians took part in local and national improvement initiatives, such as the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice.)

The most recent published QOF results were 91% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The overall exception reporting rate was 16% compared with a local CCG and national averages of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition.)

We discussed the higher than average exception reporting with the GP practice. We were informed that there were issues in patients not attending for their reviews. We saw that the GP practice had recall and review systems in place and were proactive in supporting patients to attend. QOF and any areas of concern were discussed at meetings both locally and at an organisational level, to look at how they could continue to improve. An issue of only having a male practice nurse had been raised; consequently, the services of two female practice nurses had been procured. These were to support female patients in accessing cervical screening and any other areas where patients felt more comfortable speaking with a female nurse.

There was a programme of audit in place which covered both the GP practice and walk-in centre. A sample of audits they undertook included quarterly audits on infection prevention and control, sepsis and antimicrobial

prescribing. All ANPs working in the walk-in centre also periodically had a sample of their consultation notes reviewed. Any areas of concern were discussed with the individual and a development plan put in place with an agreed review date. We saw a sample of reviewed notes and the criteria they were marked against (using a Royal College of General Practitioners toolkit). These showed that 100% of the samples reviewed had adhered to the criteria.

In addition, a quarterly audit was undertaken regarding patients who attended the A&E department to assess the appropriateness of attendance. Health advice and information relating to accessing health care services were provided for those patients where it was deemed to have been inappropriate. For example, for those attending A&E during the GP practice and walk-in centre hours of opening.

We discussed the performance of the walk-in centre in relation to their key performance indicators (KPIs). We saw evidence the service was performing over and above the KPIs set by the local commissioner, particularly in the numbers of patients being seen. There had been a sustained increase in demand of the walk-in centre's service by patients of approximately 30% from April 2017. In order to meet this demand the provider had employed additional ANPs and had introduced an extra daily morning clinical session. We were also informed of the restrictive nature of the premises and non-availability of additional room space to provide additional services.

A monthly record was kept of the numbers of patients attending the walk-in centre and from which GP practices they were registered with. We were informed that the provider had discussed the increase in demand and over achievement of the KPIs with the commissioner of the service. Increased demand of the walk-in centre was also used as an "early warning of pressures across the wider Leeds health services" and commissioners were alerted to this.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Are services effective?

(for example, treatment is effective)

- Local and organisational managers understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff were provided with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The competence of staff employed in advanced roles was assessed by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Daily 'huddles' occurred which supported all staff to be engaged and up to date with information to support service delivery and quality patient care.
- The provider supported the practitioner career development programme. This is a nationwide programme aimed at equipping registered nurses and other allied health professionals with the skills and knowledge to work effectively in primary care settings. At the time of our inspection the GP practice and walk-in centre were supporting a nurse and a trainee ANP.

Coordinating care and treatment

Staff across the GP practice and walk-in centre worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Clinicians worked with patients to develop personal care plans that were shared with relevant agencies.

- Staff ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- Those patients who may be in need of extra support were directed 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 of patients.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The GP practice supported national priorities and initiatives to improve the population's health, for example, cancer screening, smoking cessation and tackling obesity.
- There was a GP practice 'screening champion' who promoted cancer screening and supported patients to uptake this service. Information in languages befitting the patient population was provided to support patients' understanding.

Consent to care and treatment

The GP practice and walk-in centre 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 process for appropriately seeking patients' consent was monitored.

Are services caring?

Our findings

We rated the GP practice, the walk-in centre and all of the population groups as good for providing caring services.

At the previous inspection on 18 April 2017, we rated the GP practice and walk-in centre as requires improvement for providing caring services as: a formal carers' register had not been developed and the numbers of carers identified had been low. During this inspection, we found that improvements had been made.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Staff were sensitive to the needs of patients who accessed the GP service and walk-in centre. A private room was available if patients wanted to discuss sensitive issues or appeared distressed.
- Staff told us that as the walk-in centre was going to be open on Christmas Day, they were offering "a brew, a mince pie and a natter" between the hours of 12pm and 2pm for patients who may be lonely. We saw a poster on display in the patient waiting areas to support this message.
- All three of the patient Care Quality Commission comment cards we received were positive about staff; using words such as "amazing", "helpful and kind".

National GP Survey results from questionnaires completed by respondents during the period of January to March 2017, showed satisfaction levels were variable. Out of the 374 surveys that were sent out 73 were returned. This represented just over 1% of the practice population.

- 79% of respondents said the last GP they saw was good at listening to them; compared with the local clinical commissioning group (CCG) and national averages of 89%.
- 64% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG and national averages 86%).

- 78% of respondents said the last GP they saw or spoke with was good at treating them with care and concern (CCG and national averages 86%).
- 91% of respondents had confidence and trust in the last GP they saw or spoke with (CCG and national averages 95%).
- 71% of respondents said the last nurse they saw or spoke with was good at listening to them (CCG and national averages 91%).
- 74% of respondents said the last nurse they saw or spoke with was good at giving them enough time (CCG average 93%, national average 92%).
- 93% of respondents said the last nurse they saw or spoke with was good at treating them with care and concern (CCG average 90%, national average 91%).
- 93% of respondents said they had confidence and trust in the last nurse they saw or spoke with (CCG and national averages 97%).
- 63% of respondents said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

We discussed the results of the survey with the management and leadership teams. They informed us that during the period of the questionnaires being sent, there had been some issues with staffing numbers which may have impacted on patient satisfaction. There were significant event reports that supported this. We were also informed that both the GP practice and walk-in centre staff were committed to improving patient satisfaction with those services.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- We observed that staff communicated with patients in a way that they could understand. They assisted patients and carers to access further information, including community and advocacy services.
- There was a hearing loop available for those patients who had a hearing impairment.

Are services caring?

It had been noted at the inspection in April 2017, the number of identified carers was a small amount. Following this, there had been a staff meeting where identification of carers, and support that could be offered to those, was discussed. As a result of staff being more proactive an additional 33 carers had been identified (the total number of identified carers now amounted to approximately 1% of the patient list size). These had all been offered a health check and were invited to a carers' event the practice was holding, where staff from the organisation Carers' UK were going to be in attendance. The practice now had a formal carers' register in place.

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.

Staff informed us that if families had experienced bereavement, they would be contacted to offer their sympathy and support as appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

National GP survey results from questionnaires completed by respondents during the period of January to March 2017, showed results were lower than average, with regard to questions about patients' involvement in planning and making decisions about their care and treatment. For example:

- 77% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.

- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 70% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG average 89%, national average 90%).
- 65% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

Discussion with the management and leadership teams showed us they were aware of the lower than average scores. They told us they were using patient feedback from a variety of sources, including the survey, to identify and take action in the areas they needed to improve upon. The GP practice and walk-in centre staff were fully engaged and committed to improving patient satisfaction.

We saw that results from the NHS Friends and Family Test had reflected an improvement in overall patient satisfaction from 63% in November 2016 to 94% in November 2017. Patients' comments on the day of inspection aligned with those results.

Privacy and dignity

The GP practice and walk-in centre staff respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The GP practice and walk-in centre staff complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the GP practice, the walk-in centre and all of the population groups as good for providing responsive services.

At the previous inspection on 18 April 2017, we rated the GP practice and walk-in centre as requires improvement for providing responsive services as: there was not a clear process for staff to follow when patients made a verbal complaint. During this inspection, we found that improvements had been made.

Responding to and meeting people's needs

Services were organised and delivered to meet patients' needs.

- The GP practice and walk-in centre understood the needs of its population and tailored services in response to those needs. Extended opening hours and online services were offered; such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The facilities and premises were appropriate for the services delivered. However, we were informed that some rooms had to be shared with other community services, meaning practice nurse clinics could only be delivered four days per week. The provider had raised this as an issue with the landlord of the premises and the situation was ongoing.
- Reasonable adjustments were made when patients found it hard to access services. For example, patients could access telephone consultations with clinicians as appropriate.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- There were "you said we did" boards, which were displayed in the patient waiting areas. This demonstrated how the provider and staff had listened to patients and the actions they had taken in response. For example, there had been additional ANP led clinics held within the walk-in centre from 8am to 1pm daily, which equated to an increase of 84 appointments per week.

Older people:

- The GP practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A social prescribing service operated from the GP practice one day per week. (Social prescribing is a means to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector.)

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.
- Regular meetings were held with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Patients who had asthma or COPD had access to respiratory specialist nurse-led weekly clinics.

Families, children and young people:

- There were systems in place 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.
- Parents or guardians who called with concerns about acutely unwell babies and young children could obtain urgent same day appointments.
- There was access to appointments outside of school hours or patients could be seen in the walk-in centre.
- The GP practice hosted a weekly midwifery-run clinic.

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

- The needs of this population group had been identified and services had been adjusted to ensure they were accessible, flexible and offered continuity of care. For example, the GP practice had extended opening hours and there was access to the walk-in centre all year round.
- Online services for booking appointments, ordering repeat prescriptions and viewing limited information from medical records was available.
- Patients could access telephone consultations with a clinician as appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

- Eligible female patients could access cervical screening appointments during the weekend.

People whose circumstances make them vulnerable:

- The GP practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Information was available for patients in a range of languages befitting the GP practice and walk-in centre population. Translation and interpretation services were used as needed.
- There were patient advisors who could provide additional support for patients and carers.

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Dementia assessments were undertaken with those patients who may be experiencing memory loss or displaying symptoms of dementia.
- All patients on the mental health register were offered annual reviews of their care and treatment needs. There was a process in place to follow-up those patients who did not respond.
- The provider's pharmacist provided support for staff regarding patients who were on anti-psychotic medication. These medicines are used to treat mental health disorders, such as schizophrenia, anxiety or depression.
- Guided meditation sessions were provided by the clinical lead/ANP to support patients in alleviating acute anxiety. We saw examples of positive patient feedback regarding this service.

Timely access to the service

On the day of inspection, we reviewed the number of clinical appointments available to patients in the GP practice and saw that patients with the most urgent needs had their care and treatment prioritised. Patients could also access the walk-in centre as appropriate

National GP survey results from questionnaires completed by respondents during the period of January to March 2017, showed that patients' satisfaction with how they could access care and treatment was below average in several areas, compared to local and national averages.

- 82% of patients who responded were satisfied with the practice's opening hours compared with the CCG average of 77% and the national average of 76%.
- 48% of patients who responded said they could get through easily to the practice by phone (CCG average 66%, national average 71%).
- 62% of patients who responded said that they were able to see or speak to someone the last time they tried (CCG average 82%, national average 84%).
- 61% of patients who responded said their last appointment was convenient (CCG average 79%, national average 81%).
- 59% of patients who responded described their experience of making an appointment as good (CCG average 70%, national average 73%).
- 33% of patients who responded said they don't normally have to wait too long to be seen (CCG average 60%, national average 58%).

We, again, discussed the lower than average satisfaction scores and were informed the provider had taken action to address the issues. For example, putting on additional clinics, increasing access to practice nurses and GPs.

The provider acknowledged that since the appointment system had been changed to a 'hub' model, patients' comments had been very negative. They had received complaints regarding making appointments and the length of time waiting on the telephone. Action had been taken to address those concerns, for example increasing the number of call handlers and improving information to patients as to where they were in the 'waiting queue' on the telephone.

We attended the 'hub' as part of our inspection and saw that they had also introduced a 'live feed' dashboard which enabled call handlers to see the number of patients waiting for calls to be answered and how long it took. There was a clear process in place for prioritising calls and appointments. There were red and amber 'flags' to alert staff when a patient may need emergency services, such as an ambulance being sent to the patient.

At the time of our inspection, after a period of the system being embedded, we found that some patients' comments were more positive. We were informed that patient feedback was being used to ensure the system was working efficiently and effectively.

Are services responsive to people's needs?

(for example, to feedback?)

The walk-in centre was contracted to see patients within a four hour window. We saw evidence to support they had achieved 100% in this target area since January 2017. There were arrangements in place to ensure that patients with urgent needs were prioritised above non-urgent cases. At the time of inspection we saw that patients were waiting for relatively short periods of time to be seen. We were informed that patients were followed-up after a consultation, as appropriate.

Listening and learning from concerns and complaints

The GP practice and walk-in centre took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- There was information available for patients who may wish to make either a verbal or a written complaint.
- The complaints policy and procedures were in line with recognised guidance and contractual arrangements for GP practices. Verbal and written complaints submitted to the GP practice and walk-in centre were investigated and actioned appropriately.
- All complaints were shared with the provider's governance team, who had an overarching view. Complaints were analysed to identify any emerging trends. Learning was shared both locally and across all the provider's services.
- We saw that the GP practice had received nine complaints in the preceding 12 months.
- The walk-in centre had received 20 complaints in the preceding 12 months. We saw there had been 10 complaints in the months between December 2016 and May 2017, relating to some locum clinicians. We were informed there had been a higher use of locums during that period and action had been taken to no longer employ those particular individuals.
- We reviewed a sample of the complaints and found that they were handled in a satisfactorily and timely way.

Are services well-led?

Good 

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

Our findings

We rated the GP practice, walk-in centre and all of the population groups as good for providing well-led services.

At the previous inspection on 18 April 2017, we rated the GP practice and walk-in centre as requires improvement for providing well-led services. During this inspection, we found that improvements had been made.

Leadership capacity and capability

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

- There was an overarching leadership and management team provided at a corporate level. This team supported local leaders and managers across all the One Medicare Ltd services.
- The provider was committed to developing local leadership and management roles, outside of traditional GP practice structures which usually included a practice manager. For example, one ANP acted in the capacity of clinical lead and another ANP acted in the capacity of clinical service manager across both the GP practice and walk-in centre services. These members of staff informed us of how they were supported by the corporate team when making changes to improve local service delivery.
- Staff told us they had previously experienced some challenges. However, they all reported there had been significant improvements in the past six months. They attributed this to having a clear local leadership structure and the ability to access local support quickly and easily. Staff also had access to members of the corporate team as needed. The provider had also employed additional clinical staff to support patient demand.
- The provider had developed a 'One Leeds' model which included access to clinical and non-clinical resources from within One Medicare Ltd. There was a good understanding of the issues and priorities relating to the quality of their services. They understood the challenges and were actively taking measures to address them. For example, by increasing clinical sessions and acting on any concerns raised.

Vision and strategy

One Medicare Ltd had an up to date statement of purpose. This included a clear vision and strategy to deliver high quality care and promote good outcomes for patients, across the GP practice and walk-in centre.

- The strategy was in line with health and social priorities across the region. Services were planned to meet the needs of the GP practice population and patients attending the walk-in centre.
- Progress against delivery of the strategy was monitored both locally and at provider level.
- The vision and strategy were shared with staff, who had a good understanding of their role in achieving them. They informed us they wanted to deliver the best care possible to their patients and provide a good service.

Culture

One Medical Group Ltd promoted a culture of high-quality sustainable care across their services.

- There was evidence of a cohesive team approach across both services and staff were positive when talking about the changes that had happened in the practice and walk-in centre.
- Openness, honesty and transparency were clearly demonstrated by staff who worked in the GP practice and walk-in centre. Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. For example, they had been supported to report their concerns regarding low staffing levels using the incident reporting system.
- Daily 'huddles' occurred which supported all staff to be engaged and up to date with information to support service delivery and quality patient care.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Clinical staff were supported to meet the requirements of professional revalidation where necessary.
- The staff actively promoted equality and diversity and had received training in these areas.
- We were informed that all staff were considered valued members of the team.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

Good 

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

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- All clinical, operational and clinical governance arrangements were addressed at the provider's executive board level.
- The performances of the GP practice and walk-in centre were monitored at both a local and provider level.
- Information and learning was shared across all services as appropriate.
- Staff were clear on their roles and accountabilities to support good governance.
- There were established and embedded policies and procedures for the GP practice and walk-in centre. All staff had access to these.

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.
- There were processes in place to manage current and future performance of both the practice and walk-in centre. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. There was a managerial and clinical oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. This included a business continuity plan which was available to all staff on the practice computer system.

- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The GP practice and walk-in centre acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The provider used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- Information technology systems were used to monitor and improve the quality of care.
- Data or notifications were submitted to external organisations as required.
- There were safe and effective 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 GP practice and walk-in centre involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, as a result of patient feedback, the provider had worked with the system provider to restructure the telephone system to become more effective.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider responded to patient feedback and used their comments to drive improvements. For example, implementing additional clinical sessions and making changes to the telephone system.

Are services well-led?

Good 

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

- The GP practice and walk-in centre had also introduced a “you said, we did” board to demonstrate to patients how they were responding to concerns raised.
- The GP practice acknowledged they had struggled to recruit to a patient participation group (PPG). However, they were in the process of working with eight other local GP practices to have a shared PPG.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels.
- Internal and external reviews of incidents and complaints were used to make improvements.
- The provider held regular clinical effectiveness and governance meetings to review performance.