

Burley Park Medical Centre

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?

Outstanding



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Burley Park Medical Centre on Thursday 10th December 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example the Quality Improvement Scheme for cervical cytology, working with five other practices.
- Feedback from patients about their care was positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example the service on weekends and bank holidays.
- 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 (PPG). For example changing the times of the Paediatric asthma clinic and extended opening hours.

Summary of findings

- The practice had good, well maintained facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand
- The practice had a clear vision which had quality and safety as a priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- We saw several areas of outstanding practice including:
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example, the practice worked with the CCG and another practice to provide a service on Saturdays, Sundays and bank holidays. This a CCG hub initiative with the Practice being a keen early adopter and which has provided noticeable reductions in accident and emergency (A & E) and demands on the practice at peak times such as Monday mornings.
- The practice provided a GP service to two local care/ nursing homes in the area. This included planned weekly visits by a named GP. This service had been running for over 20 years and we were told that there is anecdotal evidence that these homes have the lowest admission rate in the Leeds area. The practice was highly commended by the CCG on the quality of their application for the care home local enhanced service (LES) and was described as a 'Gold standard for providing this level of care' by the clinical lead for long term conditions.
- Burley 2000 lunch club was set up by the practice, in collaboration with the local church, to help to reduce the feelings of loneliness and isolation of older people.
- The needs of vulnerable people such as the homeless or substance mis-users were discussed in clinical meetings. The practice had established links with a local bail hostel to support the development of a service for the residents.

However there were areas of practice where the provider should make improvements:

- Ensure all staff, have annual appraisals.

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.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was valued and used to promote learning and improvement.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Risk management was comprehensive, embedded and recognised as the responsibility of all staff. Risks to patients were assessed and well managed.
- There was a child protection report system in place to ensure that all requests for attendance/reports for child protection meetings were acted on and specific cases and concerns were addressed where necessary at weekly clinical team meetings. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that 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.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement, for example in cervical screening, and antibiotic prescribing
- Staff had the skills, knowledge and experience to deliver effective patient care and treatment.
- There was evidence of appraisals and personal development plans for some of the staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs, for example alcohol practitioner, health visitors.
- Sessions in care homes by the same doctor each week, some evidence to show lower admission rate to hospital, and comments from the CCG that this is a 'gold standard plan for providing this level of care'.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for almost all aspects of care.
- We received positive feedback from patients we spoke with, and via the CQC comment cards, about the care and treatment delivered by the practice.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this, for example having an alcohol worker based in the practice and regular visits by named GPs to care homes.
- We found positive examples to demonstrate how patients choices and preferences were valued and acted on, for example provision of a mix of male and female GPs and higher chairs in the waiting area for less mobile patients.
- Views of external stakeholders were very positive and aligned with our findings, for example comments from members of the local church and the alcohol worker.
- The practice had identified a member of staff as the Carers Administrator who ensured all carers were coded on the computer system and that information was available to carers.
- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

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 meet people's needs. For example, the practice worked with another practice to provide a service on Saturdays, Sundays and bank holidays. The Practice was a keen early adopter of this scheme.
- Urgent same day appointments were available.
- The practice worked with the local church to develop and implement the Burley 2000 lunch club. This club provided support for those people who were experiencing loneliness and isolation.
- There were innovative approaches to providing integrated person-centred care. For example, the nurse led paediatric asthma clinic and sexual health clinic.
- 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.
- Opening hours were from 8am to 8pm every weekday, allowing patients to access appointments and services at times convenient to them. Appointments and prescription requests could be booked online as well as in person at the practice.
- The practice had good, well maintained and clean facilities and was well equipped to treat patients and meet their needs.
- The practice offered a Paediatric Asthma Service for children between the ages of 3 to 16. All children received a personalised Paediatric Asthma Plan, and appointments were available outside of school hours.

Information about how to complain was available and easy to understand and available in the waiting area, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. The practice had responded to all the comments posted on the GP Choices site.

Outstanding



Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.

Good



Summary of findings

- The practice had a clear vision with quality and safety as its top priority and promoted good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- Practice staff promoted and owned high standards and teams worked together across all roles. Staff members were encouraged and supported to undertake specific roles and responsibilities.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had an active patient participation group which influenced practice development. We saw evidence that the practice used email and text to gain the views of the younger patients.
- Clinical meetings were held weekly at 8am, which promoted good attendance. The first agenda item was always 'patients'.
- There was a clinical manager in place who led on clinical audits, medicines management, summarising and coding.
- There was a strong focus on continuous learning and improvement at all levels. A good example of this is the significant amount of learning and qualifications within the members of the nursing team. It was made clear during the inspection that most of this was supported by the 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

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

- The practice has a plan for older people which helps to reduce demands on secondary services and also helps to keep older people independent for as long as possible.
- Burley 2000 lunch club was set up by the practice, in collaboration with the local church, to help to improve the feelings of loneliness and isolation of older people.
- The practice developed a Care Home Scheme, which involved weekly visits to two local homes by named GPs. The CCG identified it as being gold standard and the practice reported that that these visits have reduced the admission rate to hospital. Since the inspection evidence has been provided to show that over the Christmas and New Year holidays of the 92 vulnerable residents in one care home, no patients were referred to the out of hours hub, NHS 111 or A&E.
- A Practice Matron is employed as lead for unplanned hospital admissions and dementia care.
- Monthly meeting to review unplanned admissions.
- The practice engages with Carers Leeds, Memory Support Worker and Patient Empowerment Programme (PEP).
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Home visits are provided by doctors, nurse practitioner and the Practice Matron.
- The percentage of people aged 65 or over who received a season flu vaccination was 83% which is higher than the national average of 73%.

Outstanding



People with long term conditions

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

- Nursing staff had lead clinical 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.
- Dedicated, but flexible clinic for patients with long term conditions.

Good



Summary of findings

- There were robust follow-up procedures in place.
- The practice provides a healthy lifestyle adviser.
- The House of Care model was used with patients who had Diabetes; this encourages the empowering of patients to self-manage their care.
- The percentage of patients aged over 6 months to under 65 years in the defined influenza clinical risk groups that received the seasonal flu vaccine is 77% as compared with the national average of 52%.

Families, children and young people

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

Good



- There was a named GP safeguarding lead and a named deputy, who was the Advanced Nurse Practitioner.
- There were weekly baby clinics and immunisation clinics with a dedicated member of the administrative staff arranging appointments and recall.
- There was a reliable monitoring system that ensured that the practice always sent reports for safeguarding meetings with other agencies. A dedicated administrator runs and monitors this system.
- The practice offered a Paediatric Asthma Service for children between the ages of 3 to 16. All children received a personalised Paediatric Asthma Plan. Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw evidence through minutes of meetings, of good examples of joint working with midwives, health visitors and school nurses.

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).

Good



- The practice had adjusted the services it offered to meet the identified needs of the working age population, those recently retired and students to ensure these were accessible, flexible and offered continuity of care. This is the group of patients where the practice had more patients than the national average.
- Extended hours and weekend/bank holiday surgeries.
- Telephone consultations.

Summary of findings

- Online services i.e. appointments, prescriptions, medical records as well as a full range of health promotion and screening that reflects the needs of this age group.
- Registration of students – via ‘Freshers Weekend’ so that information on how to use the service, can be provided.
- Minor surgery/cryotherapy service.
- Good working relationship with managers of student halls of residence.

Practice staff were proactive in supporting women from ethnic minority backgrounds to attend the practice for cervical screening and sexual health services. They were addressing the cultural issues and barriers to accessing these services.

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 learning disabilities, with a major alert on their computer records.
- It offered longer appointments for people with a learning disability. Annual health checks were offered with a dedicated doctor and a 30 minute appointment. There is a specific administrative member of staff who manages the recall.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people, and any concerns are raised at the weekly clinical meetings and monthly multidisciplinary team meetings.
- The practice had informed vulnerable patients how to access various support groups and voluntary organisations.
- 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.
- Double appointments were booked when the interpreting service was being used.

There is was in-house access to alcohol support workers and IAPT and the PEP (patient empowerment programme).

- The needs of vulnerable people such as the homeless or substance misusers were discussed in clinical meetings. The practice had established links with a local bail hostel to support the development of a service for the residents.

Good



Summary of findings

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).

- In all four mental health related indicators in QOF the practice were higher than the national average.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia
- Annual health checks were undertaken and there was a dedicated administrative staff member who arranged follow-up appointments.
- The practice provided depo injection neuroleptic drugs and there was an active recall system in place.

Good



Summary of findings

What people who use the service say

The results of the national GP patient survey were published in July 2015, and showed the practice was performing in line with local and national averages. Four hundred and sixty one survey forms were distributed and 71 were returned, a response rate of 15.4%. As around 40% of patients do not have English as a first language, this could have some bearing on the fairly low response rate to a written questionnaire. Of the responses:

- 56% of patients found it easy to get through to the surgery by phone compared with a CCG average of 75% and a national average of 73%.
- 92% of patients found the receptionists were helpful compared to a CCG average of 89% and a national average of 97%.
- 82% of patients were able to get an appointment to see or speak to someone, compared with a CCG average of 86% and a national average of 85%.
- 81% said the last appointment they got was convenient compared with a CCG/national average of 92%.
- 69% of patients said their experience of making an appointment was good compared to a CCG average of 74% and a national average of 73%.
- 68% said they usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 72% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards, 46 of which were positive about the standard of care received, and one negative, which was about access. In summary, the surgery and doctors provide good care and the staff are pleasant and helpful although sometimes it is difficult to get an appointment.

We spoke with 5 patients during the inspection. All 5 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

However there were areas of practice where the provider should make improvements:

- Ensure all staff, have annual appraisals.

Outstanding practice

We saw several areas of outstanding practice including:

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example, the practice worked with the CCG and another practice to provide a service on Saturdays, Sundays and bank holidays. This a CCG hub initiative with the Practice being a keen early adopter and which has provided noticeable reductions in accident and emergency (A & E) and demands on the practice at peak times such as Monday mornings.
- Burley 2000 lunch club was set up by the practice, in collaboration with the local church, to help to improve the feelings of loneliness and isolation of older people.
- The practice developed a Care Home Scheme, which involved weekly visits to two local homes by named GPs. The CCG clinical lead for long term conditions identified it as being 'gold standard for providing this level of care' and the practice reported that that these visits have reduced the admission rate to hospital. Since the inspection evidence has been

Summary of findings

provided to show that over the Christmas and New Year holidays of the 92 vulnerable residents in one care home, no patients were referred to the out of hours hub, NHS 111 or A & E.

- The needs of vulnerable people such as the homeless or substance mis-users were discussed in clinical meetings. The practice had established links with a local bail hostel to support the development of a service for the residents.

Burley Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector, and included a GP specialist adviser, a practice nurse specialist adviser, and a practice manager specialist adviser.

Background to Burley Park Medical Centre

Burley Park Medical Centre was inspected on Thursday 10th December 2015.

Burley Park Medical Centre is a purpose built surgery facility in the inner-city area of Leeds West. It was opened in 1988 and extended in 2003. The premises are modern, with facilities suitable for the needs of the disabled, including access via a ramp and automated entrance doors to the surgery, internal facilities and car parking. The practice population is 12941 and it has a well-established patient group. It has a high patient turnover of 25 to 30% per year, and around 40% of the patient population do not have English as a first language. Up to 82 different first languages are spoken.

The medical team comprises three GP partners (all male), three salaried doctors (all female), six regular locums and a clinical manager. The nursing team is extensive and comprises a practice matron, advanced nurse practitioner/nurse manager, three practice nurses and a health care assistant (all female). The practice is a training practice for GP registrars and provides mentorship for physician's

associates and community matrons. The wider practice team includes a practice manager, IT manager, two part-time assistant practice managers, office manager and a range of administration and reception staff.

The practice is open between 8am and 8pm Monday to Friday. Extended hours surgeries are offered, by appointment, between 8am to 4pm on a Saturday and Sunday and all bank holidays as part of a CCG 'hub' initiative.

An out-of-hours service available by Local Care Direct to patients when the surgery is closed.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 December 2015. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, practice manager, receptionists, office supervisor, practice matron, advanced nurse practitioner/nurse manager and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or 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 are provided for specific groups of people and what good care looks 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 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. This was seen during the inspection.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. All incidents are recorded on the practice electronic reporting system which allows for analysis and report.
- The practice matron was the Investigative Officer and carried out a thorough analysis of the significant events. All incidents were discussed at clinical meetings where actions were agreed. These were also shared with staff at practice meetings when appropriate. A summary table was maintained and this was viewed by the inspection team.
- Groups of vulnerable patients are coded on the computer system.

We reviewed safety records, incident reports, national patient safety alerts (which were emailed to all staff including locum GPs) and minutes of meetings where incidents were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. An example was an incident that had happened the previous day when the temperature recording machine on one of the vaccine fridges was flashing red. The vaccines in the fridge were isolated, whilst ensuring the cold chain was maintained. An investigation was undertaken immediately and emergency stock borrowed from a nearby surgery. We were shown a copy of the investigation, which included actions taken, to minimise the likelihood of a repeat. The vaccines in the fridge were not destroyed as it was shown that the incident was due to a faulty warning light rather than a break in the cold chain. We saw this had been recorded as a significant event.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening. We were informed by staff that incidents and complaints are discussed in a supportive way and that a 'no blame' culture exists in the practice.

Overview of safety systems and processes

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

- Arrangements that reflected relevant legislation and local requirements to safeguard children and vulnerable adults from abuse and policies were accessible to all staff. Safeguarding policies were seen at inspection. These included an 'At Risk Adults' policy and a 'Child Protection' policy, which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP and deputy identified for safeguarding. The GPs attended safeguarding meetings when possible, and always provided reports when requested by other agencies. We saw evidence there was a 100% response rate to these requests. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All clinical staff were trained to Safeguarding Level 2, the Lead for safeguarding trained to Level 3 and the deputy safeguarding lead is working towards level 3. There was an 'At a Glance Safeguarding' information chart displayed in the waiting room and all consulting rooms. Gillick competency was understood and covered in safeguarding training. A notice was displayed in the waiting room and in the consulting rooms which advised patients that a chaperone service was available, if required. This service was provided by the nursing staff, when possible and by the administrative staff at other times. All non-clinical staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Services check (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 might have contact with children or adults who may be vulnerable). When a chaperone was used an entry was made in the patient computer notes by both the staff member and the health care professional involved.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean, well kept, maintained and tidy. The practice matron was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. We also viewed hygiene and infection prevention and

Are services safe?

control audits and Legionella checks. Triennial IPC audits were undertaken. The last self-assessment had been undertaken on 21 May 2014, and we saw the action plan and evidence that action had been taken to address any improvements identified as a result. Evidence was seen that all staff have had mandatory training on IPC. We also saw evidence that monthly IPC audits were undertaken in addition to the triennial audits, although there are no action plans with these. The Hepatitis B and immunisation status of staff were up to date. Curtains in the examination rooms were replaced on a six monthly cycle and were last changed in November 2015. There was a waste disposal policy and a sharps injury policy in place. There was also a cleaning schedule.

- The contents of the doctor's bags had been reviewed and were kept to a minimum. The bags were reviewed by the health care assistant (HCA) on a regular basis and we saw that a log was kept.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were robust systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations. Antibiotic prescribing followed local guidelines and audits were undertaken. Clinical practice on antibiotic prescribing was monitored by the practice and where it was identified that there was variance to the guidance this was discussed with one of the partners.
- We reviewed four personnel files, which included salaried, and locum GPs, nurse and admin staff and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).
- A lone worker policy was in place.
- All necessary emergency equipment was available.

- The practice maintained a spreadsheet of the Hepatitis B status of all their clinical staff.

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 displayed in the reception office. The practice had up to date fire risk assessments undertaken in June 2015 and carried out regular fire drills. All electrical equipment had been tested in July 2015 to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), fire, infection prevention and control. Testing for legionella had been undertaken in September 2015. At inspection the maintenance programme and certificates were seen, as was the log of equipment checks. The practice commissioned an external company to ensure there was compliance with all health and safety matters. This company also provided training and undertook risk assessments on behalf of the practice. All new staff were issued with an employee health & safety handbook and given health and safety training as part of their induction.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure that enough staff were on duty. All staff recruited since 2010 had received a DBS check, a recruitment check list and an induction plan. This included salaried and locum GPs. All new nursing staff received a two week induction. There was a recruitment policy for new staff, staff training matrix and training records and a record of staff appraisals, all of which were viewed at inspection. Staff workload and working hours were monitored by the practice manager and management team. A team of regular locum GPs were used by the practice to cover the extended opening hours. There was an induction checklist for all locums and one for salaried GPs. The practice had a policy on professional qualifications and registration, a copy of which was provided
- Clinical supervision for nursing staff took place fortnightly on an informal basis.

Are services safe?

- There was an annual study leave allowance for all practice nursing staff.

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 had received annual basic life support training and there were emergency medicines available in the treatment room. The training schedule was seen at inspection.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were kept off site. The plan includes cascade hierarchy and reciprocal arrangements with a neighbouring surgery.

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. NICE guidelines were accessible online via the practice computer, for example latest guidance relating to chronic obstructive pulmonary disease. .

- The practice had systems in place to keep all clinical staff up to date. Staff had access to NICE guidelines and used this information to deliver care and treatment that met peoples' needs.
- One of the salaried GPs was the practice NICE guidance lead, who regularly reviewed new NICE guidance and reported to the clinical meeting. This was confirmed by clinical staff.
- An example of NICE guidance informing patient care is HRT and newer oral anticoagulants (NOACs) – lead is currently working on this guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 most recent published results (2014/15) were 96.1% of the total number of points available which was higher than the CCG average, with 2.4% exception reporting, which was lower than the CCG average. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes-related indicators at an average of 87% was better than the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average at 83%.

- Performance for mental health-related indicators was better than the national average in all four indicators with an average across the four of 93% as opposed to the national average of 88%.
- The dementia diagnosis rate was the same as the national average rate at 84%.

Clinical audits demonstrated quality improvement.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

One example of how audits changed practice is an audit of cervical cytology rates which were high. There had been a review of techniques being used and practice had changed as a result. There was evidence to show the rates had improved after the changes were made.

We saw six audits/reaudits and several months data of antibiotic audits with a detailed action plan of changes to be made. When required, feedback was given to individual clinicians' and encouragement given to change behaviour. The practice was commended by the CCG medicines utilisation team for the quality of its prescribing audits.

Information about patients' outcomes was used to make improvements such as COPD recall system, when people with severe COPD are seen twice a year in dedicated clinics run by the practice nurse; and the paediatric asthma care where all children who are high users of medication are reviewed.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for newly appointed non-clinical members of staff that covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. It also had specific induction programmes for salaried GPs and locums.
- The practice demonstrated how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long term conditions, administering vaccinations and taking samples for the cervical screening programme.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, one to one meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Most staff, but not all, had received an appraisal within the last 12 months, although regular face to face meetings were taking place.
- Staff received training that included safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Gillick

competence assessment is included in safeguarding training. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- 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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who might be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The clinical staff could refer patients to an alcohol practitioner, who was employed by Forward Leeds and was available in the practice on a weekly basis. The practitioner takes referrals from GPs, nurses and the HCA. Patient feedback indicated they preferred accessing this service at their GP practice. An example of successful intervention by the practitioner was provided. The alcohol practitioner expressed the view that the outcomes are good because the team works closely together and they feel valued at Burley Park. They used treatment outcome profiles to measure quality of life at the beginning and end of consultations.

The practice had a robust system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. Patients are encouraged to attend for smears via phone calls and a double appointment is made for patients attending for the first time.

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 94% to 100% and five year olds from 88% to 94%. Flu vaccination rates for the over 65s were 83.39%, higher than the national average of 73.24%, and at risk groups 76.5% in comparison with the national average of 52.29%. The achievement figures for the flu

Are services effective?

(for example, treatment is effective)

vaccination campaign were 83% for patients 65 and over, 77% for patients under 65 and at risk, 76% for pregnant women, 67% for children aged 2, 75% for children aged 3. The practice had received a congratulatory letter from the Deputy Medical Director for West Yorkshire for their 2013/14 flu campaign. They were one of only four practices in West Yorkshire that exceeded the target in at least two of the identified categories for vaccinations. They had also attained a high uptake in the healthy 2 and 3 year old cohort which was considered 'a fantastic achievement'.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74, and patients 75 and over. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

The majority of the patient CQC 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.

The one member of the patient participation group we spoke to 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 was comparable to other local practices for its satisfaction scores on consultations with doctors and nurses. For example:

- 87% said the GP was good at listening to them compared to a CCG average of 90% and a national average of 89%.
- 90% said the GP gave them enough time compared to a CCG average of 89% and a national average of 87%.
- 98% said they had confidence and trust in the last nurse they saw compared with a CCG average of 98% and a national average of 97%.

- 87% said the last GP they spoke to was good at treating them with care and concern compared to a CCG average of 88% and a national average of 85%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared with a CCG average of 92% and a national average of 90%.
- 92% of patients said they found the receptionists helpful compared with a CCG average of 89% and a national average of 87%.
- 90% said they would recommend this surgery to someone new to the area compared with a CCG average of 83% and a national average of 78%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views. Clinicians gave us examples where they had involved carers where a patient might have difficulty making a decision. .

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:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language and that when the translation service is booked that a double length appointment is made. The patient access screen in reception provides instructions in six different languages.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 10.2% of the

practice list as carers. Written information was available to direct carers to the various avenues of support available to them. There is also a designated member of the administration staff for carer support.

Staff told us that if families had experienced a bereavement, their usual GP contacted them by phone and offered/arranged a bereavement visit.



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. We saw many examples of how the practice responded to the needs of different patient groups. For example, the Burley 2000 lunch club, adapting appointment times for cervical screening, the timing of appointments for paediatric asthma reviews in the school holidays and the registering of vulnerable adults.

- The practice had extended its opening hours to 8am to 8pm Monday to Friday. It was also part of a Leeds West CCG initiative to provide care over weekends and bank holidays from 8am to 4pm.
- There were longer appointments available for patients, including when interpretation may be necessary.
- Home visits were available for older patients / patients who would benefit from these, by the GPs and the nursing team.
- The practice provided a GP service to two local care/nursing homes in the area. This included planned weekly visits by a named GP. This service had been running for over 20 years and we were told that there is anecdotal evidence that these homes have the lowest admission rate in the Leeds area. The practice was highly commended by the CCG on the quality of their application for the care home local enhanced service (LES) and described it as a 'Gold standard for providing this level of care' by the clinical lead for long term conditions
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available including signing for patients who are deaf.
- Other reasonable adjustments were made and action was taken to remove barriers when people find it hard to use or access services.
- The needs of vulnerable people such as the homeless or substance misusers were discussed in clinical meetings. The practice had established links with a local bail hostel to support the development of a service for the residents.

- The practice had identified that some families had complex needs and had a tendency to frequently miss appointments. Consequently, there was close liaison with the wider multidisciplinary care team in the care of this group of patients.

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. For example, the introduction of a bike rack and a 'meet the team' board.

Access to the service

The practice was open between 8am and 8pm Monday to Friday. Appointments were from 8am to 7.20pm every weekday and every Saturday and Sunday from 8am to 3.35pm as part of a local CCG hub initiative. In addition to pre-bookable appointments, that could be booked up to two weeks in advance, on-the-day appointments were also available for people that felt they needed to see a health professional and couldn't wait for a routine appointment. Telephone appointments were available and also on-line booking of appointments. Although this is a CCG initiative the practice was amongst the first to participate as they could see the benefits for their patients in improved access.

Results from the national GP patient survey showed that patients satisfaction with how they could access care and treatment was below the local and national averages. The patient survey was published in July 2015 which was before the new system was introduced. People we spoke with on the day of inspection told us they were able to get appointments when they needed them. For example:

- 68% of patients were satisfied with the practice's opening hours compared to the PCT/national average of 74%.
- 56% of patients said they could get through easily to the surgery by phone compared with the PCT average of 75% and the national average of 73%.
- 69% of patients described their experience of making an appointment as good compared with a PCT average of 74 and a national average of 73%.
- 68% of patients said they usually waited 15 minutes or less after their appointment compared to a PCT average of 73% and a national average of 65%.

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. A complaints and compliments log, which included outcomes, was seen.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Posters and leaflets were available in the waiting room.

We looked at nine complaints received in the last 16 months and found that these were satisfactorily handled, dealt with in a timely way, and there was openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the death of a patient from a prescribed medicine was discussed at more than one clinical meeting. All clinicians were reminded of the potential for serious harm from opiates and the potential risk of interaction with non-prescribed medicines and alcohol. Another was a complaint about a delay in diagnosis which was discussed at a clinical team meeting and used as a learning opportunity.

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 statement of purpose to work in partnership with their patients and staff to provide the best primary care services possible within local and national governance guidance and regulations and promote good outcomes for patients. This was developed by the clinical team in 2013.

- The practice statement of purpose was displayed in the waiting areas alongside the Patient Charter, and staff knew and understood the values. It was shared with staff at induction.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework and processes in place which supported the delivery of the strategy and good quality care and ensured that the governance arrangements were tightly managed. The framework 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
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which was to monitor quality and to make improvements
- There were clear arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- There was a written information governance policy
- The practice manager and team cascaded information to the relevant team or meeting and ensured this was acted upon. For example, the monitoring of referrals and discharge summaries.
- All new patient records were coded by a clinician

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

We saw evidence that clinical meetings were held weekly at 8 am, which promoted good attendance. The first agenda item was always 'Patients' When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, and were confident in doing so and felt supported if they did. The practice participated in the TARGET protected learning time scheme, which took place on an afternoon ten times per year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All 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.
- We saw minutes of governance groups, and policies on whistleblowing, harassment/bullying, confidentiality and equality and diversity.

The partners could provide evidence of planning for the future; for example, 'survival plans' which they have formulated in respect of potential reduction to their funding budget.

Are services well-led?

Good 

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

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

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. Whilst the inspection team were in the practice we saw evidence of a patient survey being undertaken.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. We were provided with action plans detailing suggestions from patients and outcomes, for example, request from a patient for a bike rack. We were informed work is scheduled to be carried out in the New Year. A 'meet the team' noticeboard was suggested, and

this is now in place. Raised high chairs and chairs with arms in the waiting room for older patients, some of which have been delivered and are in place and others are on order.

- The practice had also gathered feedback from staff through staff meetings, appraisals and one to one discussions. Another example given was of a suggestion by staff that more phlebotomy time was needed, and this was being acted upon.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example the weekend/bank holiday surgery scheme.