

Dr Brooke & Partners

Quality Report

Leylands Lane Medical Practice
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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 five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Brooke & Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Brooke & Partners, Leylands Lane Medical Centre on 15 March 2016. 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.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice offered

musculoskeletal and sports medicine clinics, rheumatology, sexual health, contraception & gynaecology, diabetes consultations and minor surgery, cardiology and ophthalmology.

- 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 practice offered a walk in clinic, and had introduced a self-help room and the digital dashboard.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.
- The practice had a clear vision which had quality and safety as its top priority.

The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

Summary of findings

We saw several areas of outstanding practice including:

- The practice has led a project involving schools and a local children's centre which involved taking a 'Healthy Living' bus into primary schools every week promoting self-care to children and parents. The practice took an active part in national self-care

week last year which included a full afternoon first aid awareness event by Yorkshire Ambulance Service, and practice Open Day with health promotion stands and education sessions.

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 learned from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group (CCG).
- The national GP patient survey found that 100% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care. Local (CCG) average:83%National average:85%
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice, for example the practice offered a drop in clinic to all patients.
- Quarterly practice meetings were delivered by the team leaders. This allowed all staff members to understand the work that was happening in other areas and was seen as an opportunity to maintain the shared vision.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice had established a Clinical Lead structure with each GP partner overseeing chosen clinical areas for all patients groups. This included responsibility for monitoring performance through QOF, clinical audit, participation in local quality improvement initiatives, updating the team about new developments/guidelines and ensuring these are implemented.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Good



Summary of findings

- The practice gathered feedback from patients, and had a very active patient participation group which influenced practice development.
- The nurse manager had been short listed for a Health Education England award in leadership for the work with the post graduate nursing scheme.
- The practice offered protected weekly practice learning time for clinicians.
- A GP Partner had used their advanced IT skills and involvement with both clinical software and CCG IT groups to improve patient safety through enhanced practice computerisation. We were told that this had led to more efficiency and effectiveness in the 'back office' functions.
- In April 2015 the practice launched an Associate Partner programme. The practice recognised how partnership working has changed dramatically in recent years and wanted to create a protected environment for future partners to learn more without the responsibility or accountability full partnership holds. The practice currently had one salaried GP and one ANP (Advanced Nurse Practitioner) involved in the programme. They were also tasked with a non-clinical development project each year, currently focusing on continuity of care and self-care. This enabled the practice to deliver an active succession plan that encourages salaried GP's to become part of the partnership in the long term. This continuity and stability of care from the practice enabled patients to receive a more effective service.
- The practice has led a project involving schools and a local children's centre which involved taking a 'Healthy Living' bus into primary schools every week promoting self-care to children and parents. The practice took an active part in national self-care week last year which included a full afternoon first aid awareness event by Yorkshire Ambulance Service, and practice Open Day with health promotion stands and education sessions.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- 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.
- The practice ensured patients and carers received appropriate coordinated, multi-disciplinary care (including those who move into a care home, or those returning home after hospital admission).
- The practice had offered all 20 care homes near to the surgery a private line to facilitate easy and prompt access. A nominated member of reception staff contacted homes with vulnerable patients monthly to ensure their medications were delivered and to coordinate and organise medication reviews proactively. The reception manager visited one care home with the highest number of vulnerable patients regularly in order to facilitate better care.
- Weekly ward rounds at care homes had resulted in a reduction in their use of GP visits.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 85% with a national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice implemented a comprehensive review programme covering all of the main long term conditions which was practice nurse led with multi-disciplinary team input as

Summary of findings

needed. Patients were invited for at least one annual face to face consultation in which all of their long term conditions were reviewed together to minimise the appointment burden on patients and facilitate a holistic approach to care.

- Patient feedback about the unified LTC (Long Term Conditions) review approach was positive; patients said they felt as if the practice cared about them rather than just their illnesses. Formal patient satisfaction ratings through the GP Patient Survey 2015 were similarly positive (89% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 83% national average 85%) and 96% of patients said the last nurse they saw was good at treating them with care and concern (compared to 89% CCG average, 91% national average).
- Outcomes were monitored by lead clinicians through QOF performance, clinical audit and peer referencing through practice participation in local initiatives for quality improvement in LTCs including Diabetes Year of Care, Bradford Healthy Hearts, COPD admissions avoidance, and Bradford Beating Diabetes. The practice implemented a team based approach to learning and keeping up to date around LTCs, reviewing new guidance at weekly protected learning time and discussing implementation to ensure all clinicians were aware of and applied current best practice to the management of LTCs.
- The practice has developed a colour coded clinic for LTCs. Patients made an appointment for the relevant colour coded clinic via an invite letter. This had simplified the booking process for staff and patients and managed clinician workload more effectively.

Families, children and young people

The practice is rated as good for the care of 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 79% of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months compared to national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 78% compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- People were encouraged to participate in health promotion activities, such as breast screening, cytology, smoking cessation. Patients were able to benefit from health and lifestyle projects such as educational and health screening tools
- Regular talks were held at PPG meetings on health promotion by clinical staff.
- Women who failed to attend for their smear test; or those who had an abnormal result were followed up and closely monitored.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 plus.

Good



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 such circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- The practice informed vulnerable patients about 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.

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).

- 78% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% compared to the national average of 86%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing at the local and national averages. The practice distributed 325 survey forms and 117 (36%) were returned. This represented just less than 1% of the practice's patient list.

- 48% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 69% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 82% described the overall experience of their GP surgery as fairly good or very good (CCG average 80%, national average 85%).

- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received.

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

Outstanding practice

- The practice has led a project involving schools and a local children's centre which involved taking a 'Healthy Living' bus into primary schools every week promoting self-care to children and parents. The practice took an active part in national self-care

week last year which included a full afternoon first aid awareness event by Yorkshire Ambulance Service, and practice Open Day with health promotion stands and education sessions.

Dr Brooke & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Brooke & Partners

Dr Brooke & Partners (Leylands Lane Medical Centre) serves the communities of Heaton and Shipley. The practice has a second branch surgery, Wrose Medical Centre, based a short distance away. The practice plays an active part in quality and health initiatives within the local area and nationally. The Practice offers a full range of Primary Care Services.

The two locations we inspected were:-

- Leylands Lane Med Practice, 81 Leylands Lane, Heaton, Bradford, BD9 5PZ
- Wrose Health Centre, Kings road, Wrose, Bradford, BD2 1QG

Dr Brooke & Partners (Leylands Lane Medical Centre) is situated within the Bradford District Clinical Commissioning group and is registered with CQC to provide primary medical services under the terms of a primary medical services contract, (PMS). This is a locally negotiated contract which allows NHS England to contract for services from non NHS bodies. The practice serves 12,500 patients across the two sites. We visited both sites (Leylands Lane and Wrose) as part of our inspection.

They offer a range of enhanced services such as childhood immunisations. The practice offers drop in clinics for emergency cases and babies plus a range of advice, counselling and support services.

The practice offers services to an equal number of male and female patients.

The practice team consists of five GP Partners, four salaried GP's, two GP Registrars, (six female and five male), one Advanced Nurse Practitioner (ANP), one trainee ANP, three Practice Nurses, two Health Care Assistants, 10 Receptionists, eight Administrators, one Finance Manager and one General Manager.

The practice is open between 8:30am and 6:30pm Monday to Wednesday and Fridays with appointments available between these times.

On a Thursday the practice is open between 8:30am and 8pm for extended hours appointments.

When the surgery is closed patients can use the NHS 111 service, which accesses after hours services from Local Care Direct.

Why we carried out this inspection

We inspected this service as part of our 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 March 2016.

During our visit we:

- Spoke with a range of staff (finance manager, administration staff, health care assistants, nurses and GPs) and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Safety alerts were received by email and picked up by the practice manager who entered them on the IT system and then emailed them to the GP concerned. Where relevant to the practice they were forwarded to the appropriate team to action e.g. medical equipment recalls were directed to the practice nursing team, and the alert was placed on the internal intranet for reference.

When there were unintended or unexpected safety incidents, patients received appropriate support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

- A notice in the waiting room and in each clinical room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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 may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention and control (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. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- An external IPC audit was commissioned each year by Bradford Council's Infection control team and any recommendations discussed and recorded. An internal audit was carried out by nursing staff twice yearly in March and September; records of these were kept on the practice IT system.
- 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 pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We saw data which showed that 40% of patients were registered for electronic prescribing.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services safe?

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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 95% of the total number of points available, with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was 78% which was lower than the CCG and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 85% (2015/16) compared with the CCG (79%) and national average (78%).
- Performance for mental health related indicators was 99% which was better than the CCG average of 91% and the national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been 12 clinical audits completed in the last two years, 3 of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services.

For example clinical audits included:-

- Musculoskeletal (MSK) and Sport and Exercise Medicine Audit - quality of referrals to MSK service reviewed over three year period. Improved quality of referrals over the period demonstrating 87% triaged to MSK service from 77% in 2011/2012.
- Minor Surgery Audit - The infection rate following all the procedures was 6.8%. The infection rate for toenail avulsion was 18.18% of the total infections and 3.39% of the total minor surgery that was carried out during 2016. The infection rate for sebaceous cyst excision was 22.22% of the total infections and 3.39% of the total minor surgery that was carried out during 2016. The aim was to further reduce the infection rate by looking at the methodology for the removal of sebaceous cysts and toenail avulsions.
- Management of Heart Failure Audit - Increase in heart failure register from 96 to 106 patients. Increase in patients coded with Left Ventricular Systolic Dysfunction (LVSD) from 19 to 42.

Other audits included a 'Care Home Cycle Audit' which involved an implementation of a project to improve the quality of care received by older people living within a care home setting and registered with a particular GP Practice.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had

Are services effective?

(for example, treatment is effective)

received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, 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 patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary 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. 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may 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 practice was supporting patients to live healthier lives through smoking cessation, health checks, the support of a health trainer and exercise classes. Alcohol intervention and pre-diabetes clinics were also held and the PPG held talks on various clinical topics.

The practice's uptake for the cervical screening programme was 89%, which was better than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Information on national screening programmes was on the practice website, in the information room and the practice had an in-house screening service.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 95% and five year olds from 95% to 98%. Flu vaccination rates for the over 65s were 82%, and at risk groups 57%. These were also comparable to CCG and national averages of 75% and 51%.

Are services effective?

(for example, treatment is effective)

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 91% said the GP gave them enough time (CCG average 85%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the 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 84% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%)
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%)
- 100% said they had confidence and trust in the last nurse they saw or spoke to (CCG average 96%, national average 97%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

The GP contacted the next of kin of registered patients on notification of a death to offer support. The practice informed the hospital of the bereavement to prevent distressing communications following the loss of a relative.

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. The practice hosted clinics for Ultrasounds, Physiotherapy, Podiatry, Citizens Advice Clinics, Counselling, Anti Coagulation Clinics and Social Prescribing.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were facilities for people with disabilities, a hearing loop for people with hearing impairment and interpreter services available.

The practice launched a 'Walk In Minor Illness Clinic' in April 2014 which had been very popular with patients and has reduced the number of booked appointments.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday. Appointments were from 8:40am to 5:40pm daily. Extended surgery hours were offered on Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 48% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).

- 26% patients said they always or almost always see or speak to the GP they prefer (CCG average 49%, national average 59%).

As a result of the low preferred GP score the practice developed an action plan. This included:-

- 12 month project on continuity of care for patients
- Invested in new telephone system with more lines available. PPG project to work with practice and promote online services and walk in clinic
- The practice stated that all patients should be able to see or speak to someone. The PPG helped to reinforce this message by educating patients on access and continued promotion of online services.
- All staff were to attend customer services training. The practice internal patient survey also stated that 97% of patients were treated with politely and with respect.
- The practice had identified a 10% increase in list size year on year
- Good clinic management. Patients to be kept informed by reception staff if delays expected.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who ensured all complaints in the practice were handled by the Operational Manager and Practice Manager.
- We saw that information was available to help patients understand the complaints system.

Complaints and significant events were discussed in an open and supportive environment with all GP's/ANP's (Advanced Nurse Practitioner) and team leaders. The outcome of investigations were discussed and presented by the individuals involved and any learning captured. The practice reviewed lessons learnt at the following meeting to ensure practise had changed and learning had been embedded.

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

We looked at complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice's values were set out and were reviewed and reinforced annually at the annual away day attended by all the partners and the practice manager. The away day was used to reflect back over the previous 12 months at what had been achieved, what was not achieved, what they did well or what could have been done better. The aim of the day was to set the vision for the next 12 months ahead, the short-term goals, and to look ahead to what will impact on the next five years. The practice also reviewed their work-life balance and the impact changes would have on this. The partners reviewed the plan six months after the away day to review progress. A clear strategy was formulated for the next 12 months from the discussions at the away day after looking at:

- The financial stability of the practice
- Management of the practice
- Human resources and succession planning
- Wider implications of government policies on the NHS
- The PMS contract review
- QOF and other quality initiatives/schemes

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff

- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

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 were visible in the practice and staff told us 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. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people appropriate support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held every 12 months.
- 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.

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.

- A new Chair was appointed to the PPG in November 2015 and this had re-enthused the group. The group was very active in the community attending patient network meetings and speaking to members of the CCG board directly. They had recently surveyed all Leylands staff in order to help structure their priorities for this year. Self-care, patient education and reducing DNA's were the chosen themes.
- The practice worked closely with various voluntary services like HALE (a voluntary organisation) to promote self-care. The practice had led a project involving schools and a local children's centre which involved taking a 'Healthy Living' bus into primary schools every week promoting self-care to children and parents. The practice took an active part in national self-care week last year which included a full afternoon first aid awareness event by Yorkshire Ambulance Service, and practice Open Day with health promotion stands and education sessions.
- The practice had gathered feedback from patients through the PPG and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example providing the walk in clinic, introduction of the self help room and the digital dashboard in the waiting area.
- The practice recognised patients were receptive to group activities in health promotion. Feedback from patients showed that they would like more group education to be held in practice. The practice held a first aid day with St John Ambulance which was attended by more than 40 patients. This received excellent patient feedback with another course planned in 2016.

The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give

feedback and discuss any concerns or issues with colleagues and management e.g. improved car parking. Staff told us they felt involved and engaged to improve how the practice was run.

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. Developments are discussed openly with the practice team and with the PPG steering group. There is a standing agenda item at the beginning of every practice based education session to communicate news and developments affecting the practice.

The practice was a training practice and had taken up to three GP Trainees and pre and post graduate nurses. These members of staff regularly coached all other staff in the practice and were effective in maintaining a culture of 'latest procedures and processes' in order to keep all the staff up to date with best practice. This enabled the ethos that training and mentoring was embedded within all the practice staff for induction programmes delivered by team leaders, individual mentoring time, annual personal development interviews, tutorials, education in the 'Practice Based Education sessions'.

The practice used apprenticeships to develop receptionists, and health care assistants.

Also

- As a training practice for GP's and Nurses, the practice was part of a small network of practices involved in 'Post graduate Nurse scheme'. This has helped keep skilled nurses in post and adds valuable skilled staff to treat patients more effectively.
- In 2014, the senior partner and general manager began the first phase of the development programme as the expansion of the practice was due to the rising list size. This forward planning had enabled the practice to employ more skilled staff members to meet the needs of the practice patient population.
- The introduction of an integrated governance meeting in 2015 was used to ensure the systems and processes the practice had for all their governance was fit for

Are services well-led?

Good 

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

purpose. This helped to ensure the learning and developments coming from all meetings were shared with the practice, which in turn helped to deliver a better service to patients.

- The practice invested in a document management system in 2013, this system had now been adopted across Bradford District CCG. It had enabled the practice to work much smarter and be more efficient, creating one place for all items.
- The management team had been working with Edenbridge technology for two years developing a GP dashboard. The data in the IT system was difficult to interpret and not useful as a performance management tool. By understanding data better, it was hoped this would result in more timely delivery of services to patients.
- We were told that the practice's greatest strength was not being afraid of change. They had great success with the walk in clinic and redesigning their call system.
- The practice delivered a monthly business report which included financial and performance data. The practice manager produced an annual budget with half year re-forecast and monthly cash flow forecasts. This enabled the practice to manage within the budgetary constraints of the CCG.
- The practice investment in training for non-clinical staff. Three administration staff were recently awarded their level two NVQ's in Business and Administration, two team leaders were currently studying towards NVQ level three in Management and the Finance Manager was studying towards Certificate in Management Accounting (CIMA). These staff actively engaged with the rest of the staff and shared learning in order to be more effective.
- The nurse manager had been short listed for a Health Education England award in leadership for the work with the post graduate nursing scheme.
- The PPG surveyed all the staff to see how they could support the practice better. Actions included reducing the number of patients that missed appointments and promoting self-care.
- The practice acknowledged and agreed that increased personal responsibility around healthcare helped to improve people's health, based on nationally well-established evidence and they were working in accordance with this. They participated in the national self-care week, working closely with CCG self-care board and the 'Social Prescribing Workers' to work with patients in the practice.
- A GP Partner had used his advanced IT skills and involvement with both clinical software and CCG IT groups to improve patient safety through enhanced practice computerisation.