

Warrengate 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?	Outstanding	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
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 Warrengate Medical Centre on 1 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting, recording and taking remedial action in relation to significant events.
- 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.
- 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 had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and lessons were shared to ensure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice maintained an effective working relationship with other safeguarding partners such as health visitors.

Good



Are services effective?

The practice is rated as outstanding for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice was proactive in encouraging and supporting patients to attend the national screening programmes for cervical, breast and bowel cancer. This had resulted in significant increases in uptake since 2014, 22% for cervical screening, 48% for breast screening and 83% for bowel screening.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management and support for those patients who were at high risk of an unplanned hospital admission or had recently been discharged from hospital.

Outstanding



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



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 Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in a local extended hours/out of hours service, which was organised across the local network. Patients could call the service on weekdays 6.30pm to 8pm and on weekends and bank holidays 9am to 3pm. Calls were triaged and an appointment made with a doctor should this be necessary. Three partners from the practice actively took part in this service.
- The practice provided a shared care diabetes clinic for patients which was led by a diabetic consultant and a practice nurse.
- 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 and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had given valuable support to the practice.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population; this included a named GP for those over 75 years old.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. In addition the practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and who were at risk of an unplanned hospital admission.
- The practice held an annual abdominal aortic aneurysm clinic for patients in conjunction with Leeds Teaching Hospitals NHS Trust.
- The practice had participated in the West Riding Nursing and Residential Home pilot scheme and had continued to be part of the now mainstreamed service as part of the Wakefield Vanguard Connecting Care programme. As part of the programme the practice provided clinical sessions at a nearby nursing home during which patient health needs were met and care plans were reviewed. Since introduction there was an 87% increase in the number of care plans developed for residents.
- The practice hosted a monthly patient led arthritis drop-in session, where patients could obtain advice and information on the condition.
- The practice encouraged and supported older people to participate in national screening programmes including those in relation to bowel and breast cancer. This had resulted in significant increases in uptake.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice provided a shared care diabetes clinic for patients which was led by a diabetic consultant and a practice nurse.
- Longer appointments and home visits were available for those patients who needed them.

Good



Summary of findings

- Patients had structured six monthly or annual reviews to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with health and care professionals to deliver a multidisciplinary package of care.
- The practice held regular DESMOND training sessions for patients (Diabetes Education and Self Management for Ongoing and Newly Diagnosed - a course for people with type 2 diabetes that helps people to identify their own health risks and to set their own goals).

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
- National and local Immunisation targets were consistently achieved for all standard childhood immunisations.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The health visitor attended the monthly practice meeting and was able to discuss safeguarding issues directly with clinical staff.
- The patient participation group had a representative for young people.

Good



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. For example, the practice offered telephone appointments and extended hours on a Monday and Tuesday evenings. In addition the practice
- The practice was proactive in encouraging and supporting patients to attend thenational screening programmes for cervical, breast and bowel cancer. This had resulted in significant increases in uptake since 2013 - 22% for cervical screening, 48% for breast screening and 83% for bowel screening.

Good



Summary of findings

- The practice had a social media account, where people could access health advice.
- 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, this included online booking of appointments and repeat prescriptions.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and used this to plan reviews.
- The practice offered longer appointments for patients with a learning disability.
- The practice was registered under the Wakefield Safer Places Scheme. This was a voluntary scheme which assisted vulnerable people to feel safer and more confident when travelling independently away from the home environment.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations, this included local carers groups and dementia support groups.
- 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.
- Staff had received training in British Sign Language.

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).

Good



- Performance for mental health related indicators was better than the national average. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months compared to a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

- The practice was dementia friendly, staff had received dementia awareness training and the signage in the practice and the clock in the reception area was designed to be easier to understand and comprehend.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- All dementia patients were placed on the avoiding unplanned admissions scheme and received advanced care planning.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. Out of 355 survey forms distributed, 114 were returned, which was a response rate of 32%. This represented 1.3% of the practice's patient list.

- 79% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 62% were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 76%.
- 86% described the overall experience of their GP surgery as fairly good or very good compared to a national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards and a letter which were all positive about the standard of care received. In particular, patients commented on the caring attitude of staff and the way staff had gone out of their way to provide high levels of service.

We spoke with six patients during the inspection. All six patients said they were highly satisfied with the care they received and felt all staff were approachable, committed and caring.

Warrengate Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Warrengate Medical Centre

The Warrengate Medical Centre is located in on the periphery of Wakefield town centre and provides services for around 8,800 patients. The practice surgery is located in purpose built premises dating from 2001. The surgery has parking to the front and side. The surgery is easily accessible for those with mobility issues and entry into the building is made via automatic doors. There is ample space within the building lobby and waiting room for prams, pushchairs and mobility scooters. The practice is a member of the NHS Wakefield Clinical Commissioning Group (CCG.)

The practice population age profile shows that it is slightly under the England average for those over 65 years old (16% compared to the England average of 18%), whilst the age profile for under 18s is slightly above the England average (21% compared to the England average of 20%). Average life expectancy for the practice population is 76 years for males and 80 years for females (England average is 79 years and 83 years respectively). The practice is located in an area of higher than average deprivation being ranked in the second most deprived decile. The practice population is predominantly White British although around 38% of the practice is composed of patients with an Asian or Eastern European background.

The practice provides services under the terms of the Personal Medical Services (PMS) contract. In addition to this the practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Dementia support
- Improving online access
- Risk profiling and care management
- Support to reduce unplanned admissions.
- Minor surgery
- Learning disability support
- Extended hours opening

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including asthma, chronic obstructive pulmonary disease, diabetes, heart disease and hypertension and smoking cessation.

Attached to the practice or closely working with the practice is a varied team of community health professionals including health visitors, midwives, and members of the district nursing team.

The practice has five GP partners (two male, three female) and one salaried GP (female), there is also a GP Registrar (male) working at the practice. In addition there are three practice nurses, a healthcare assistant and a phlebotomist, who are all female. Clinical staff are supported by a practice manager and an administration and reception team.

The practice holds training practice status and offers training to registrars and medical students.

Detailed findings

The practice offers a range of appointments, these include:

- A triage system for incoming telephone appointment calls – patients have their needs assessed by a triage nurse. Treatment options are then offered to the patient including same or next day appointments, home visits, self-treatment advice or signposting to other services.
- Telephone appointments/consultations – bookable on the day if available or in advance.
- Pre-bookable face to face appointments.

The practice is open Monday to Friday 8am to 6.30pm, with appointment times being 8.30am to noon and 2pm to 6pm. In addition the practice also offers late evening appointments on Mondays and Tuesdays after 6.30pm; these appointments are for patients who find it difficult to attend during normal surgery opening times.

Appointments can be made in person, via telephone or online.

The practice also participates in a local extended hours/out of hours service, Trinity Care, which operates across the local network. Patients can call the service on weekdays 6.30pm to 8pm and on weekends and bank holidays 9am to 3pm. Calls are triaged and an appointment made with a doctor should this be necessary. This network response was originally funded by the CCG following a business case from the network and is now being funded by the Wakefield multispecialty community provider Vanguard programme.

Outside of the Trinity Care service, out of hours care is provided by Local Care Direct Limited and is accessed via the practice telephone number or patients can contact NHS 111.

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.

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 1 March 2016. During our visit we:

- Spoke with a range of staff which included GP partners, members of the nursing team, the practice manager and staff from the reception and administration team.
- Spoke with Wakefield Clinical Commissioning Group.
- Observed how staff interacted with patients.
- Reviewed anonymised records.
- 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

Detailed findings

- 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 significant events and these were discussed at practice meetings and at an annual review of all such incidents.

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. For example, the practice had been informed that a prescription sent in the post for a controlled drug had not been received. After a review of the incident the practice changed their policy and decided that in future prescriptions for controlled drugs would not be sent via the post.

We saw evidence that when there were unintended or unexpected safety incidents, patients 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.

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 and a deputy. The Safeguarding lead and other clinical staff met on a monthly basis with the health visitor to discuss issues. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and other

clinical staff were trained to Safeguarding level three, and non-clinical staff had received training to at least level one. Recently staff had received training with regard to awareness of female genital mutilation.

- A notice in the waiting room and in consulting rooms advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during a medical examination or procedure). 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 and a cleaning schedule was in place and the effectiveness of cleaning was monitored. A senior practice nurse was the infection prevention and control (IPC) clinical lead. 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. The most recent audit showed an overall compliance rating of 91%.
- 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. The practice had achieved high standards in relation to prescribing and had scored nine out of ten in the Improvement in Prescribing Scheme, and had supported the CCG initiative to reduce paracetamol prescribing. For the period December 2015 to April 2016 the practice had prescribed paracetamol only 56 times (the comparable figure the previous year was 391).
- Prescription pads were securely stored and there were 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.

Are services safe?

The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.

- We reviewed five 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.

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 and 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 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. The practice had recently employed a salaried GP to improve patient access. In addition three of the GP partners participated in the Trinity Care extended/out of hours service which offered enhanced patient treatment options outside usual surgery operating hours.

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 alert system in all the consultation and treatment rooms which immediately informed staff of 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 and guideline updates and changes were discussed at team meetings.

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 were 97% of the total number of points available. The practice had an exception reporting rate of 6.9% (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). Data from 2014/2015 showed;

- Performance in relation to the majority of diabetes related indicators was better than the national average. For example, 91% of patients on the diabetes register had a record of a foot examination in the preceding 12 months compared to a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average, with 89% of patients having a record of a test in the preceding 12 months compared to a national average of 75%.
- Performance for mental health related indicators was better than the national average. For example, 92% of

patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months compared to a national average of 88%.

The practice showed a wide deviation when compared to national figures for performance in relation to the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months, practice performance was 74% compared to a national average of 90%. The practice felt that this was due to errors in the completion of the recording template and the failure of some patients to attend or reattend for the test and review.

Clinical audits demonstrated quality improvement.

- We saw evidence of five clinical audits completed in the last year, two of these were completed two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the audit into Disease Modifying Anti-Rheumatic Drugs (DMARDs are medicines used to treat the symptoms of inflammatory conditions such as rheumatoid arthritis) led to the introduction of a new protocol for all DMARD patients to ensure that appropriate monitoring had been undertaken before repeat prescriptions were issued.

All audits were written up and shared at practice meetings as a presentation.

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 received specific training which had included an



Are services effective?

(for example, treatment is effective)

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, discussion at practice meetings and through direct supervision/mentoring.

- 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 received an appraisal within the last 12 months.

All 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, in-house training and training offered by other external providers. For example, the practice manager had obtained the IOSH (Institution of Occupational Safety and Health) certificate and had helped organise this training for other practice managers in Wakefield. The practice also offered additional training opportunities for staff to develop their careers within the health community which included National Vocational Qualifications and training via the Association of Medical Secretaries, Practice Managers, Administrators and Receptionists. In addition the practice was supporting a healthcare assistant through an Open University nursing degree, and had supported a senior practice nurse to achieve a level seven minor illness diploma and non-medical prescribing diploma.

- Registrars and Foundation Year 2 doctors (a foundation doctor is a grade of medical practitioner undertaking the Foundation Programme – a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training) received a regular debriefing after every session, this acted both to supervise activities and support development.

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 the practice held a monthly multi-disciplinary palliative care meeting to discuss the needs of this specific patient group with clinical staff and other partners.

The practice had participated in the West Riding Nursing and Residential Home pilot scheme and had continued to be part of the now mainstreamed service as part of the Wakefield Vanguard Connecting Care programme. This programme supports patients to improve their health and wellbeing within their home. It ensures effective joined-up care between health and social services, when they are ill, vulnerable, have complex needs or need support. As part of the programme the practice provided clinical sessions at a nearby nursing home during which patient health needs were met and care plans were reviewed. Evidence submitted by the practice indicated that between November 2014 and November 2015 urgent visits to these patients had reduced by 41%, whilst medication reviews had increased by 57% over the same period.

The practice had delivered an avoiding unplanned admissions service which provided proactive care management for patients who were at high risk of an unplanned hospital admission. Care plans were developed for identified patients which were subject to three monthly review and patients who had recently been discharged from hospital were contacted by the practice to assess their ongoing needs.

Consent to care and treatment



Are services effective?

(for example, treatment is effective)

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. Consent and mental capacity was recorded on templates used to record patient treatment and care. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance; this included the Gillick competency of older children and young people when not accompanied by an appropriate adult.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- 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 cessation and alcohol consumption. When patients could not receive direct support and advice within the practice they were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 87% which was better than the national average of 82%.

The practice had developed a proactive approach to cancer screening. Since the adoption of this new approach in April 2014, 825 smears had taken place compared to 646 in the two years prior to this, which was a 22% increase in uptake. The practice had been equally effective in raising awareness of, and participation in, bowel cancer and breast screening programmes. We saw evidence provided by the practice which showed that between April 2014 and March 2016 breast cancer screening had increased by 48% and the return of bowel cancer test kits had increased over the same period by 83%.

The practice had achieved this increase in a number of ways:

- Invited all patients who had not had a smear test in the last five years to a dedicated health promotion event, during which information was given to patients and smear tests were offered.
- Invitation letters were translated into appropriate languages to improve communication and promote the take up of test and screening.
- Monthly walk-in "well woman" clinics were held which included the offer of smear testing and which were used to raise awareness of other screening programmes.
- The appointment records and the patient record front screens were marked to indicate to clinicians that tests was overdue, which gave them the reminder to raise this during consultations.
- Those who had not attended for tests or returned test kits were contacted and encouraged to attend/return the kits. The practice offered to contact the breast screening service for the patient to arrange a new appointment, and also offered to contact the bowel screening service to request a new testing kit be sent to the patient.
- Raised awareness in local mosques and community centres.
- Promoted cancer screening during flu clinics.
- Regularly monitored uptake and discussed this at clinical meetings.

Childhood immunisation rates for the vaccinations given were comparable to CCG 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 90% to 98%.

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 very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice was registered under the Wakefield Safer Places Scheme. This is a voluntary scheme which assists vulnerable people to feel safer and more confident when travelling independently. If the person felt unwell, lost or in distress they could access the practice, who would then contact a named relative, carer or friend.

All of the 13 patient Care Quality Commission comment cards and a letter we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and treated them with dignity and respect. In particular the responses rated the practice staff highly for their caring and compassionate attitude.

We spoke with two members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 89% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.

- 87% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 96% and national average of 95%.

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 in line with local and national averages. For example:

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

Staff told us that interpretation and translation services were available for patients who did not have English as a first language.

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. At the time of inspection the practice had identified 139 carers (over 1% of their practice population). There was written information available for carers to access various avenues of support available to them, however this was not directly available and patients needed to request this information at reception. We raised with the practice that they may wish to consider a carers noticeboard to display information in one area within the waiting room.

Staff told us that if families had experienced a bereavement, their usual GP contacted them to offer support. In addition, leaflets and information were available with regard to bereavement support at the reception desk.

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.

- Patients who required the services of an interpreter were offered appointments which were double the length of regular appointments.
- The practice had participated in a local extended hours/out of hours service, Trinity Care which was organised across the local network. Patients could call the service on weekdays 6.30pm to 8pm and on weekends and bank holidays 9am to 3pm. Calls were triaged and an appointment made with a doctor should this be necessary. Three partners from the practice had participated in the delivery of this service.
- Staff had received training in British Sign Language.
- There were longer appointments available for patients with a learning disability or the frail elderly.
- The practice provided a shared care diabetes clinic for patient which was led by a diabetic consultant and a practice nurse.
- Home visits were available for older patients and patients who would benefit from these.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice hosted audiology, physiotherapy and ultrasound clinics which were provided by other health care professionals.

Access to the service

The practice was open Monday to Friday 8am to 6.30pm, with consultation times being 8.30am to noon and 2pm to 6pm. In addition the practice offered late evening appointments on Mondays and Tuesdays after 6.30pm.

Appointments could be made in person, via telephone or online.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 79% patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 22% patients said they always or almost always see or speak to the GP they prefer compared to the national average of 36%. However a recent practice patient survey carried out in around March 2015 and completed by over 250 patients reported that 62% could always see a GP of their choice and 36% could sometimes see a GP of their choice.

People told us on the day of the inspection that they were able to get appointments when they needed them. Additionally information from the practice indicated that patients who requested a named clinician would wait on average four days.

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 handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and posters and leaflets were displayed explaining the complaints procedure.

We looked at ten complaints received in the last 12 months and found that these had been satisfactorily handled. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Similar to significant events/incidents complaints were discussed at team meetings and were subject to an annual review.

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 statement of purpose which was understood by the staff.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 effective 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 prioritise 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 intention of this duty is to ensure that providers of health and care services are open and transparent with people who use these services when, for example, errors are made or harm

caused). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and reported these externally when required.

GP partners from the practice were actively involved in the Local Medical Committee, Wakefield CCG and their local network.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable 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 clinical and administration 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 that whole practice team building events were held regularly.
- 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.

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.

- 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 regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, feedback from the PPG had led to the refurbishment and redecoration of the waiting area.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through meetings and annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved in the day to day operation of the practice and were engaged by managers to improve how the practice was run.
- The practice participated in a local extended hours/out of hours service, Trinity Care which was organised across the local network.
- The practice had developed an effective proactive approach to increasing the uptake of cervical, bowel and breast screening across the practice population.
- The practice had a supportive approach to staff training and development.

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: