

Lupset Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

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 Lupset Health Centre on 22 September 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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 although complaints information was not openly visible in the practice.
- Urgent appointments were available the same day and early morning and late evening appointments were also available. Although the practice had recognised

that patients were dissatisfied with access to the practice by telephone and to appointments with GPs of their choice and had made changes, these changes had achieved a limited impact on patient satisfaction.

- The practice had good facilities and was well equipped to treat patients and meet their needs. However, these were not always used effectively to support patients with a disability.
- 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.
- There was an active patient participation group.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- Performance for mental health related indicators was 100% with a 6.2% exception rate, well above the CCG and national average of 94.2% and 90.4%. The practice had employed a mental health nurse as part of an external funding arrangement due to the high prevalence of mental health problems experienced by their patient group. This had been so successful the practice had continued the nurse's employment when

Summary of findings

the funding had ended. This service ensured patients received timely care and support at the practice, reducing the need for referrals to secondary care services. The mental health nurse held hour-long appointments once a week for patients living with dementia and their carers. The nurse had developed their consulting room to ensure a comfortable and welcoming space for patients.

The areas where the provider should make improvement are:

- Ensure disabled patients are able to use the facilities provided such as the lowered reception desk and the electronic check in system.
- Improve access for patients in wheelchairs and pushchairs through the reception doors.
- Improve access to the practice by telephone.
- Ensure patients can easily access complaints information in the practice.

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



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people receive 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes similar to the average for the locality.
- 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 people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Requires improvement



- The practice 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. The practice was part of a network of GPs known as Wakefield Health and Wellbeing Ltd. and was involved in a number of schemes to improve services locally.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, these were not always used effectively to support patients with a disability.
- Urgent appointments were available the same day and early morning and late evening appointments were also available. There was some dissatisfaction with access to the practice by telephone and to appointments with GPs of their choice.
- Information about how to complain was available and easy to understand although was not openly on display in the practice. Evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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.
- 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

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.
- Data related to diabetes showed the practice was performing in line with local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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 comparable to local and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81.4%, which was comparable to the CCG average of 78.4% and the national average of 76.9%.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- 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 and flexible. Early morning, late evening and GP telephone consultations were available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

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 vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.

Good



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 living with dementia).

- 89.29% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- Performance for mental health related indicators was 100% with a 6.2% exception rate, well above the CCG and national

Good



Summary of findings

average of 94.2% and 90.4%. The practice had employed a mental health nurse as part of a funding arrangement due to the high prevalence of mental health problems experienced by the patient group. This had been so successful the practice had continued the nurse's employment when the funding had come to an end. This service ensured patients could receive timely care and support at the practice, reducing the need for referrals to secondary care services. The mental health nurse held hour long appointments once per week for patients living with dementia and their carers. The nurse had developed their consulting room to ensure a comfortable and welcoming space for patients.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- It carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4th July 2015 showed the practice was performing below local and national averages in areas relating to access but higher in areas relating to consultations with doctors. There were 292 survey forms distributed for Lupset Health Centre and 124 forms were returned. This is a response rate of 42.5%. Results included:

- 44.2% found it easy to get through to this surgery by phone compared to a CCG average of 71.6% and a national average of 74.4%.
- 83.9% found the receptionists at this surgery helpful. (CCG average 86.6%, national average 86.9%).
- 76.6% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85.4%).
- 92.1% said the last appointment they got was convenient (CCG average 93.4, national average 91.8%).
- 69% described their experience of making an appointment as good (CCG average 73.3%, national average 73.8%).
- 46.7% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71.3%, national average 65.2%).
- 96.7% said the last GP they saw or spoke to was good at listening to them (CCG average 88.8%, national average 88.6%).
- 93.9% said the last GP they saw or spoke to was good at explaining tests and treatments (CCG average 86.3%, national average 86.3%).
- 99.1% had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95.3%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 25 comment cards which were all positive about the standard of care received. Patients told us the doctors took their time to listen to them and they were satisfied with the care and treatment provided. They said they were treated with kindness and respect. They said the reception staff were helpful. A number of patients described the service they received as excellent. Only one person mentioned that it was difficult to get through to the practice by telephone. One person told us they were highly satisfied they were able to access appointments after work with both the doctors and nurses.

We spoke with eight patients during the inspection. All eight patients said that they were happy with the care and treatment they received from the doctors and nurses and thought that staff were approachable, committed and caring. However, six said they had difficulty getting through to the practice by telephone stating they could be up to number 30 in a queue. Because of this situation one person said they always came into the surgery to book appointments and another said they sometimes used the accident and emergency department or the local walk-in centre. Some patients commented negatively about the availability of appointments and long wait to see a GP of their choice. One person said it was difficult to book an advance appointment even on line which was inconvenient as they required a carer to accompany them who needed to book time off work. Some patients also said they could be waiting up to an hour after their appointment time and they were not kept informed about this. One patient highlighted the shortfalls in the practice for a person in a wheelchair such as the high reception desk and doors which wouldn't stay open to enable them to manoeuvre their wheelchair.

Lupset Health 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 advisor and a practice manager specialist advisor.

Background to Lupset Health Centre

Lupset Health Centre is situated within a purpose built surgery in Wakefield.

The practice provides Personal Medical Services (PMS) for 13,206 patients in the NHS Wakefield Clinical Commissioning Group (CCG) area.

There are five GP partners, three salaried GPs and one GP on the retainer scheme, four of who are male and five female. There are also four GP Registrars. There are three nurse practitioners, five practice nurses, one mental health nurse, four health care assistants and a phlebotomist. There is a large reception and administration team led by a practice manager.

The practice reception is open for enquiries and surgeries operate daily from 8am to 6.30pm. Pre-booked appointments for early and late surgeries are available from 7.30am on Monday, Tuesday, Wednesday and Friday and until 8.45pm on Monday and Thursday. The reception is manned during these early/late surgeries.

Out of hours services are provided by NHS Local Care Direct. Calls are diverted to this service when the practice is closed.

This practice has been accredited as a GP training practice and has four qualified doctors training to specialise in General Practice. The practice also provides placements for student nurses.

The practice is registered to provide the following regulated activities; maternity and midwifery services; family planning, diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 September 2015. During our visit we:

- Spoke with a range of staff including two GPs, a GP Registrar, three nurses, a health care assistant, practice manager, administration manager and six administration and reception staff.

Detailed findings

- Spoke with nine patients who used the service including two members of the patient participation group (PPG).
- Observed interactions between staff and patients and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 25 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also 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. For example, due to two patients having similar sounding names an incorrect patients name had been recorded on a booked appointment. This incident was documented, discussed with the staff in a significant event meeting and highlighted on the patient records to minimise the risk of reoccurrence.

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

Overview of safety systems and processes

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

- Arrangements 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 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 level three in safeguarding.
- Staff who acted as chaperones were trained for the role and had received a disclosure and barring 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. Two practice nurses shared the infection prevention and control (IPC) clinical lead role. There was a detailed IPC protocol in place and staff had received up to date training. The last internal IPC audit undertaken was 2014 and we saw evidence that action had been taken to address any shortfalls identified as a result. The last external IPC audit had been undertaken in 2013 and the practice had scored 98%.
- The arrangements for managing medicines, including emergency drugs and vaccines, 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found that 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.

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 also 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.

Are services safe?

- 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 adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 people's 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 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 96.2% of the total number of points available, with 2.9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators at 87.2% was similar to the CCG and national average of 90.4% and 90.1%.
 - The percentage of patients with hypertension having regular blood pressure tests was 86.5% which was similar to the CCG and national average of 89.4% and 88.4%.
 - Performance for mental health related indicators was 100% with a 6.2% exception rate, well above the CCG and national average of 94.2% and 90.4%. The practice had employed a mental health nurse as part of a funding arrangement due to the high prevalence of mental health problems experienced by the patient group. This had been so successful the practice had continued the nurse's employment when the funding had ended.

Clinical audits demonstrated quality improvement.

- Areas for clinical audits were identified through significant events, new guidelines and medicines management team.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Areas audited in the last 12 months included;

Pregabalin prescribing

Prescribing of general antibiotics

Smoking status, BMI and BP of women on combined pill.

Use of Cefalosporins and quinolones

- Staff told us the results of audits were discussed in meetings and findings were used by the practice to improve care. For example, action had been taken as a result of an audit relating to antibiotic prescribing and the prescribing rates; for seven out of the eight GPs this had reduced.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 staff reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme had received relevant training and updates as required.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received ongoing 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.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example, when referring people to other services. We also saw evidence the practice used the electronic patient record system to share information relating to patients requiring palliative care and their care needs and wishes.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, 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. A template was available on the patient's record to assist with the assessment.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. All staff had received training in Mental Capacity Act 2005.

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. We reviewed evidence of completed consent forms for minor surgical procedures.

Health promotion and prevention

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, those with mental ill health and those requiring advice on their diet, smoking and alcohol cessation.

The practice had a system for ensuring results were received for samples sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81.4%, which was comparable to the CCG average of 78.4% and the national average of 76.9%. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.1% to 100% and five year olds from 88.4% to 97.2%. Flu vaccination rates for the over 65s were 76.49 %, and at risk groups 51.63%. These were also comparable to CCG and national averages.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Where people had more than one long term condition the patient attended for a single annual review which minimised the number of visits patients were required to make. The practice also held, joint, long term condition clinics with specialists from hospitals.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 25 CQC patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered excellent care and treatment and said staff were helpful, caring and treated them with dignity and respect.

We also 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 doctors. For example:

- 96.7% said the GP was good at listening to them compared to the CCG average of 88.8% and national average of 88.6%.
- 87.1% said the GP gave them enough time (CCG average 87.7% national average 86.8%).
- 99.1% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95.3%)
- 88.9% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.1%, national average 85.1%).

- 90.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90.4%).
- 83.9% said they found the receptionists at the practice helpful (CCG average 86.6%, national average 86.9%)

Care planning and involvement in decisions about care and treatment

The GPs told us they prioritised direct patient involvement in their care and patients confirmed 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 local and national averages. For example:

- 93.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.3% and national average of 86.3%.
- 81.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 81.3%, national average 81.5%)

Staff told us that 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.

The mental health nurse concentrated on supporting patients with dementia one day per week and offered hour long appointments for patients and their carers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The Carers, Wakefield, organisation had given a presentation to staff and the PPG members on their work to support carers.

Are services caring?

Staff told us that if families had suffered bereavement, the practice mental health nurse would contact them and offer support.

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 offered early morning and late evening GP and nurse appointments for those who could not attend during normal surgery hours. GP telephone consultations were also available.
- There were longer appointments available for people with a learning disability and those living with dementia.
- Home visits were available for older patients, patients living with dementia and others who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

However we saw that some areas required improvement. The reception desk was very high but had a lowered desk for patients in wheelchairs. However, the lower area was covered in books and was not used by reception staff. The electronic check in system was placed on the high reception desk which made this inaccessible to patients in wheelchairs. A patient who used a wheelchair told us the reception staff did not direct them to the lowered reception desk during conversations. They said it was difficult for them to communicate with staff at the higher desk as they couldn't see them. They also confirmed they could not reach the electronic check in board. The reception doors would not stay open and patients said this made it difficult to manoeuvre wheelchairs or prams.

The practice had employed a mental health nurse due to the high numbers of patients with mental health needs in their patient group. This service ensured patients could receive timely care and support at the practice, reducing the need for referrals to secondary care services. The mental health nurse held hour long appointments, once per week, for patients living with dementia and their carers. The nurse had developed their consulting room to provide a comfortable and welcoming space for these patients.

Access to the service

The practice reception was open for enquiries and surgeries operated daily from 8am to 6.30pm. Pre-booked appointments for early and late surgeries were available from 7.30am on Monday, Tuesday, Wednesday and Friday and until 20.45 on Monday and Thursday. The reception was manned during these early/late surgeries. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them as were GP telephone consultations.

We identified that there was some patient dissatisfaction with access to the practice by telephone, waiting times to see the GPs and to see a GP of their choice.

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

- 44.2% patients said they could get through easily to the surgery by phone (CCG average 71.6%, national average 74.4%).
- 69% patients described their experience of making an appointment as good (CCG average 73.3%, national average 73.8%).
- 46.7% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71.3%, national average 65.2%).
- 81.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75.7%.

When we reviewed the complaints the practice had received we found a number were relating to access to the practice by telephone.

However, we found the practice had recognised this and had made a number of changes to try to improve this situation working closely with the PPG. They told us two GPs had left which had an impact on the number of appointments available and as a result they had completed a capacity/demand audit in 2015. They told us improvements had included, streamlining the menu on the telephone, providing additional appointments and additional staff to answer the telephones. They also said the lead GP had put a message on the telephone to inform patients about the appointment system and the best times to call.

During the inspection we received varied feedback about the appointment systems. For example, of the 25 comment

Are services responsive to people's needs?

(for example, to feedback?)

cards we received only one person mentioned that it was difficult to get through to the practice by telephone. One person told us they were highly satisfied to be able to access appointments after work with both the doctors and nurses. However, the feedback we received through our discussions with patients on the day of the inspection indicated that the improvements made had not had a significant impact for them. For example, we spoke with eight patients during the inspection and six said they had difficulty getting through to the practice by telephone stating they could be up to number 30 in a queue. Because of this situation one person said they always came into the surgery to book appointments and another said they sometimes used the accident and emergency department or the local walk-in centre.

There were six incoming lines to the practice with the capacity for 50 incoming calls at any one time. We were told by staff that there were three reception staff to answer the telephones and between 8am and 8.45 am four administration staff also answered the telephones. We observed the reception to be very busy and reception desk staff were answering calls as well as dealing with patients who attended at the desk.

Some patients also commented negatively about the availability of appointments and long wait to see a GP of their choice. One person said it was difficult to book an advance appointment with a named GP, even on line, which was inconvenient as they required a carer to accompany them when they needed to book time off work. Some patients also said they could be waiting up to an hour after their appointment time and they were not kept informed about this.

We observed appointments were available to book on the day of the inspection and the next routine appointment was within a week. However, there were no appointments

available within the two week pre-booking period for one of the GPs. We noted patients we spoke with were not kept waiting for longer than 15 minutes after their appointment time.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns although this may not be as effective as it could be.

- 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 in the form of a leaflet and information was available on the web site. However, when we asked staff to show us the complaints information they were unsure of how to access this and only had complaints forms to hand. There was no information about how to make a complaint in the reception area.
- We observed one person make a verbal complaint to a member of staff and whilst this member of staff was very understanding they did not offer the patient any information about the complaints procedure or record their concerns. They told us they would report this complaint to their manager who would record the concerns.

The practice had recorded 29 complaints between 1 April 2014 and 31 March 2015 and 19 from March 2015 up to the time of the inspection. These were satisfactorily handled and 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. For example, the majority of the complaints related to access to the practice and the registered provider had worked with the PPG to improve patient experience.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose and staff understood the practice values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice worked closely with the local CCG and was involved in a number of schemes to develop and improve services for patients and the wider community.
- The practice had listened to patients and had adjusted their services to make improvements.

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

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partnership had been stable for a number of years and there was a low staff turnover across the teams. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The registered 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 to share information about notifiable safety incidents

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, PPG members told us they completed an annual survey. They said the PPG members visited the practice to speak to patients and complete the surveys. They said they had aimed to complete 360 surveys and had achieved this. They told us some of the improvements they had been involved with were the

Are services well-led?

Good 

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

implementation of a low cost telephone number, provision of high seat chairs for patients and provision of additional staff to answer the telephones. They said the providers listened to them and took complaints seriously. They said the practice had kept them informed about the recent staffing shortages and the action they were taking to address this issue. They also told us how they were involved in schemes to improve access to services. The practice had provided three computerised tablets for PPG member's use. The PPG members had just started to visit the practice on a weekly basis to work with patients using the tablets to inform them about the care navigation system. This system gave patients health information and information about local schemes and activities. PPG members had also received training to become Health Champions to assist with this work.

- The practice 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. 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. For example:

- The practice was part of West Wakefield Health & Wellbeing Ltd. This is a network of six neighboring GP practices in Wakefield, West Yorkshire. West Wakefield Health & Wellbeing Ltd. was recently announced as a vanguard site for a new 'Multispecialty Community Provider' model. This involved the network working to involve a wider range of specialties in the care they provided to patients including nurses, therapists, and other community-based professionals. They were also increasing access for patients by using digital technologies. They had also had introduced a Health Pod, a mobile clinic staffed by GPs and nurses from the network and partner agencies, which went out regularly to different locations around Wakefield. Patients were offered health checks and advice and patients were signposted to services or referred to their own GP where necessary for care and treatment. An audit of the people who attended the health pod showed that they had reached 61 people from across Wakefield who had not previously discussed their health issue with anyone prior to visiting the health pod for advice.
- The practice was also involved in the Enhanced Care in Care Homes pilot scheme to improve integration with care homes and health and social care services.