

Doctors David Geoffrey Roberts and Deborah Ann Wakefield

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Doctors David Geoffrey Roberts and Deborah Ann Wakefield on 26 January 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 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.
- Information about services and how to complain was available and easy to understand.
- Patients said they generally 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 the 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).

We saw one area of outstanding practice:

- The practice ran a weekly dizziness/vertigo clinic led by one of the GP partners. The clinic identified patients with conditions which effected balance such as benign paroxysmal positional vertigo and offered patients advice in how to manage episodes of dizziness and vertigo when these occurred. In the last four years the practice had dealt with around 1,200 patients (around 1,100 of whom are referred from other practices in the Wakefield area).

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, 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice held registers of patients with regard to safeguarding/vulnerability, learning disability status, mental health conditions, caring responsibilities and palliative care/end of life needs in order to alert clinicians and staff to their specific needs.
- The practice had developed a comprehensive locum induction pack.
- The practice closely monitored referrals and followed up patients who did not attend appointments for assessments or treatment.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available within the practice was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice reviewed feedback received from the GP Patient Survey and in-house surveys and comments. Changes made as a result of these reviews included refurbishment of the waiting room and improvements to the surgery exterior.
- We saw evidence that the practice sought to note the specific preferences of individual patients on the patient record with regard to treatment and services they would wish to access.

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 delivered a pre-diabetic screening programme and a dizziness/vertigo clinic to meet local need.
- On the day of inspection patients said they generally 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 a range of opening times which included some early morning and Saturday morning opening.
- 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. Lead clinicians had been assigned to cover specific areas of work including safeguarding.
- 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.
- 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Practice staff made weekly visits to nursing and residential care homes to assess and treat patients and to carry out routine reviews and update care plans.
- The practice was responsive to the needs of older people and offered home visits, urgent appointments for those with enhanced needs and longer appointments for elderly patients when required.

People with long term conditions

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

Outstanding



- The practice had identified the benefit of proactively working with sections of the population who were at higher risk of developing diabetes. As a result the practice had developed and operated a pre-diabetic screening programme. The programme involved patients being screened opportunistically for long term blood sugar levels. Those at a pre-diabetes level, but not with actual diabetes, were offered an appointment with a practice nurse and health trainer to discuss improvements and changes in lifestyle and diet. Patients then had their blood sugar levels monitored on a three-six month basis to establish if the patient had moved from being pre-diabetic to diabetic. The programme as well as giving valuable health improvement advice to higher risk patients also acted to increase early diagnosis through regular screening and helped to prevent the development of complications associated with later presentation.
- The practice ran a weekly CCG funded dizziness/vertigo clinic led by one of the GP partners. Dizziness and vertigo are common causes of falls within the frail elderly and vulnerable population. The clinic identified patients with conditions which affected balance such as benign paroxysmal positional vertigo (BPPV) and labyrinthitis, and offered patients advice in how to manage episodes of dizziness and vertigo when these occurred, this included advice on exercises which could improve the condition and discussions in relation to medication. In the last four years the practice had dealt with around 1,200 patients

Summary of findings

(around 1,100 of whom are referred from other practices in the Wakefield area). Patients showed high satisfaction with the clinic, 95% of patients rated the care they received as excellent or good and 88% would recommend the clinic to friends and family.

- The practice had recently begun to offer atrial fibrillation screening, this was an additional service which was aimed at reducing the need for patients to attend hospital for screening.
- Clinical staff had lead roles in the management of patients who had a long term condition and those at risk of an unplanned hospital admission were identified as a priority. Of the 1,628 patients identified as having a long term condition 511 had personalised care plans in place.
- Patients with a long term condition were offered screening for depression and additional support as needed.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice placed alerts on the records of those patients who were at risk of an asthma attack to indicate urgent appointments may be required.

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/or who were at risk, for example, for children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Staff had been trained in the use of the c-card scheme. This was a card which was issued to patients aged 13 to 24 to allow them access to free contraception.
- We were told that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25 to 64 who had a cervical screening test recorded was 85%, which was above the national figure of 81.9%.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Child immunisation rates for children 0 to 24 months were consistently above the CCG average. Should a parent/carer and child not attend an immunisation appointment the practice actively followed this up via the telephone.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered Saturday morning pre-bookable appointments 9am to 11am one Saturday per month and an early surgery which was normally on a Tuesday or Wednesday 6.50am to 8am, again for pre-bookable appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening services 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 the frail elderly and those with a learning disability.
- The practice offered longer appointments for patients who were elderly or those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice had access to a shared-care worker who offered support to patients with a substance misuse issue.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding

Good



Summary of findings

information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice held monthly meetings with the health visitor.

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).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed and comprehensive care plan documented in the preceding 12 months was 93.8% and above the national average of 88.5%.
- The practice regularly worked with multi-disciplinary teams, including the Community Mental Health Team, in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning and annual reviews for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had worked with a local mental health care provider to increase practice operating knowledge in relation to dementia medication.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 327 survey forms were distributed and 117 were returned for a response rate of 35.8%. This represented 1.9% of the practice's patient list.

- 84.3% found it easy to get through to this surgery by phone compared to a CCG average of 71.6% and a national average of 73.3%.
- 81.9% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85.2%.
- 85.5% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 85.2% and a national average of 84.8%.

- 74% said they would recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 79.3% and a national average of 77.5%.

This feedback was broadly in line with comparator practices both locally and nationally.

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

We spoke with three patients and four members of the Patient Participation Group during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. However one patient said that it was at times difficult to get a face-to-face appointment.

Doctors David Geoffrey Roberts and Deborah Ann Wakefield

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Doctors David Geoffrey Roberts and Deborah Ann Wakefield

The practice of Doctors David Geoffrey Roberts and Deborah Ann Wakefield at St Thomas Road Surgery is located in a residential area of Featherstone and currently provides services for around 6,250 patients. The practice surgery is located in a purpose built premises and dates from the 1960s. The surgery has parking to the front of the building and additional parking is available on nearby church land. The surgery is accessed via a low gradient ramp with handrail and doors are wide enough to ensure entry for those with a disability. The practice is a member of the NHS Wakefield Clinical Commissioning Group (CCG.)

The practice population age profile shows that it is above the England average for those over 65 years old (21.4% compared to the England average of 16.7%). Average life

expectancy for the practice population is 77 years for males and 80 years for females (England average is 79 years and 83 years respectively). The practice population is predominantly White British in composition.

The practice provides services under the terms of the Personal Medical Services (PMS) contract and is registered with the Care Quality Commission (CQC) to provide the following services; treatment of disease, disorder or injury, diagnostic and screening procedures, family planning, surgical procedures and maternity and midwifery services. In addition to this the practice offers a range of enhanced local services including those in relation to; alcohol dependence, childhood vaccination and immunisation, Influenza and Pneumococcal immunisation, Rotavirus and Shingles immunisation. The practice also offers, minor surgery, remote care monitoring, learning disability support, and 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 dizziness/vertigo.

Attached to the practice or closely working with the practice is a varied team of community health professionals including health visitors, midwives, physiotherapists, audiologists and health trainers. The district nursing team work from a separate building about 100 metres away at Featherstone Health Centre.

The practice has two GP partners (one male, one female) and two salaried GPs (both female). In addition there are

Detailed findings

two nurse prescribers (one male, one female), one practice nurse (female), and two health care assistants (both female). Clinical staff are supported by a practice manager, an administration/reception team and two cleaners.

The practice offers a range of appointments, these include:

- Doctor Call-Back (GP telephone appointments) – when a patient telephones the surgery they are offered the opportunity to speak to the on-call doctor on the same day. This system operates between 9am and 12 noon daily. Patients are still able to make a face-to-face appointment should they prefer it.
- Nurse telephone appointments – bookable on the day if available or in advance.
- Pre-bookable appointments – up to one week in advance for a GP and up to four weeks for a nurse or health care assistant.
- Same-day appointments – released daily at 8am for morning and afternoon sessions.

The practice is open Monday to Friday 8am to 6.30pm. In addition the practice is open:

- Saturday 9am to 11am one Saturday per month for pre-booked appointments.
- An early surgery which is normally on a Tuesday or Wednesday 6.50am to 8am for pre-bookable appointments.

Appointments can be made in person, on the telephone or online.

Out of hours care is provided by Local Care Direct 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 26 January 2016. During our visit we:

- Spoke with a range of staff including GP partners, salaried GPs and members of the nursing and reception/administration teams, we also spoke with patients who used the service on the day of inspection and members of the Patient Participation Group.
- Observed how patients were being treated.
- 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there were recording forms available.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and 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 identified that a terminally ill patient had been unaware of practice closing times. As a result the practice had raised awareness amongst terminally and seriously ill patients of times when clinical support could be accessed and when closed how support could be accessed via out of hours services.

We were told 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. A GP had been assigned as lead member of staff for safeguarding. The GP held monthly meetings with the health visitor to review cases and incidents. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding Level Three.
- A notice in the waiting room and 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). Patient records were updated to indicate when a chaperone had been used. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 and equipment to be generally clean and tidy although during the inspection it was noted that an ear piece for an otoscope was in a dirty condition (an otoscope or auriscope is a medical device which is used to look into the ears). In addition a trolley located in a consulting room was disorganised and contained two out of date endocervical swabs, an out of date thread receiver and an unstoppered tube of gel which had leaked over the trolley drawer. We discussed with the practice the need to formalise responsibility for specific duties such as checking equipment and stock ordering, storage and rotation.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC policy in place, however the training records indicated that there was still confirmation required from some staff members regarding infection prevention and control training received, the practice told us this would be actioned. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

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.
- The locum induction pack which outlined the standard operating procedures in place within the practice was comprehensive.

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 other mandatory risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and when required agency staff could be accessed.

Arrangements to deal with emergencies and major incidents

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

- There were alarms on telephones and in consultation rooms to alert staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We raised with the staff the benefit of storing all emergency medicines together in a single package to avoid the confusion of which medicine to take to a particular incident. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 92.8% of the total number of points available, with 4.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was comparable to the national average, for example 85.1% of patients on the diabetes register were recorded as having a foot examination and risk classification within the preceeding 12 months as compared to 88.3% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average , for example the percentage of patients with hypertension in whom the blood pressure reading measured in the preceeding 12 months is 150/90mmHg or less was 82.4% compared to a national figure of 83.7%.

- Performance for mental health related indicators were mixed with some indicators above and some below the national average.

The practice closely monitored referrals and followed up patients who did not attend appointments for assessments or treatment.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, 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, a recent clinical audit of patients diagnosed with attention deficit hyperactivity disorder (ADHD) indicated that follow up reviews were not always being carried out. The practice introduced a system to improve the review process and re-audit established that all patients with a diagnosis of ADHD had received a follow up as per guidance.

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. Locums were supported and provided with a comprehensive locum induction pack.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, nursing staff who review patients with long-term conditions such as diabetes and asthma have received additional training. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The practice could demonstrate how staff who administered vaccinations stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice clinical meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included training on: safeguarding, fire procedures, basic life support and information governance awareness.

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.
- The practice held registers of patients with regard to safeguarding concerns, learning disability status, mental health issues, caring responsibilities and palliative care/end of life needs.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service or offered support from within the practice.
- The practice had identified the benefit of proactively working with sections of the population who were at higher risk of developing diabetes. As a result the practice had developed and operated a pre-diabetic screening programme. The programme involved patients being screened opportunistically for long term blood sugar levels. Those at a pre-diabetes level, but not with actual diabetes, were offered an appointment with a practice nurse and health trainer to discuss improvements and changes in lifestyle and diet. Patients then had their blood sugar levels monitored on a three-six month basis to establish if the patient has moved from being pre-diabetic to diabetic. The practice had identified 241 patients as being pre-diabetic to date using this approach and of these 137 have received a practice nurse consultation. Nineteen of the 241 identified have gone on to subsequently become diabetic. The programme as well as giving valuable health improvement advice to higher risk patients also acted to increase early diagnosis through regular screening and helped to prevent the development of complications associated with later presentation.
- The practice's uptake for the cervical screening programme was 85%, which was above the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Are services effective?

(for example, treatment is effective)

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 were at 100% and for five year olds ranged from 95.5% to 100%.

Flu vaccination rates for the over 65s were 71.3%, and at risk groups 61.2%. These were comparable to 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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

We spoke with four 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed satisfaction slightly below the CCG and national averages with regard to consultations. For example:

- 82.7% said the GP was good at listening to them compared to the CCG average of 88.8% and national average of 88.6%.
- 82.5% said the GP gave them enough time compared to the CCG average of 87.7% and national average of 86.6%.
- 93.2% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95.2%.
- 84.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86.1% and national average of 85.1%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90.4%.

- 85.5% said they found the receptionists at the practice helpful compared to the CCG average of 86.6% and national average of 86.8%.

We saw evidence that the practice reviewed survey findings and actively sought to take action to improve patient satisfaction. For example after receiving feedback from patients visiting the surgery the practice made improvements which included redecorating of the corridors, waiting room and reception area along with three clinical rooms. The practice also made improvements to the outside of the surgery to include new landscaping and painting of the handrails to the access ramp.

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 generally 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:

- 87.6% 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%.
- 82.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81.3% and national average of 81.4%.
- 91.4% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84.6% and national average of 84.8%.

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

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

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

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 proactive, personalised care to meet the needs of the older people in its population. Practice staff made weekly visits to nursing and residential care homes to assess and treat patients and to carry out routine reviews and update care plans.
- The practice ran a weekly CCG funded dizziness/vertigo clinic led by one of the GP partners. Dizziness and vertigo are common causes of falls within the frail elderly and vulnerable population. The clinic identified patients with conditions which affected balance such as benign paroxysmal positional vertigo (BPPV) and labyrinthitis, and offered patients advice in how to manage episodes of dizziness and vertigo when these occurred, this included advice on exercises which could improve the condition and discussions in relation to medication. In the last four years the practice had dealt with around 1,200 patients (around 1,100 of whom are referred from other practices in the Wakefield area). Patients showed high satisfaction with the clinic, 95% of patients rated the care they received as excellent or good and 88% would recommend the clinic to friends and family.
- The practice was open for early morning appointments two days of the week and once a month opened on a Saturday morning.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations.
- There were disabled facilities, a hearing loop and translation services were available.

Access to the service

The practice was open Monday to Friday 8am to 6.30pm. In addition the practice offered additional sessions:

- Saturday 9am to 11am one Saturday per month for pre-booked appointments.
- An early surgery on a Tuesday or Wednesday 6.50am to 8am for pre-bookable appointments.

The practice offered a number of different appointment pathways which included:

- Doctor Call-Back (GP telephone appointments) – when a patient telephones the surgery they are offered the opportunity to speak to the on-call doctor on the same day. This system operates between 9am and 12 noon daily. Patients were still able to make a face-to-face appointment should they prefer it.
- Nurse telephone appointments – bookable on the day if available or in advance.
- Pre-bookable appointments – up to one week in advance for a GP and up to four weeks for a nurse or health care assistant.
- Same-day appointments – released daily at 8am for morning and afternoon sessions.
- Urgent appointments for people that needed them.

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

- 81.3% of patients were satisfied with the practice's opening hours compared to the national average of 78.5%.
- 84.3% patients said they could get through easily to the surgery by phone compared to the national average of 71.6%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system

We looked at three complaints received in the last 12 months and found that these had been handled in a satisfactory manner and that there were no emerging themes.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values it contained.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice actively recognised some specific challenges including those around GP recruitment and succession planning and seven day working.
- The practice is a member of it's local network and recently joined a federation of local practices.

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
- 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 was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They 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 the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people 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 team meetings. Although we were informed that some staff do not attend full team meetings as appointments are booked on meeting days.
- 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.
- 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, patient feedback led to the introduction of a dedicated telephone line for repeat prescriptions being made available between 11am and 1pm.

Are services well-led?

Good 

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

- The practice also gathered feedback from staff and staff told us they would not hesitate to give feedback and discuss any concerns or issues with

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 had established and operated a CCG funded dizziness/vertigo clinic which served the needs of local patients and those referred from other practices across the Wakefield area.