Homestead Medical Centre

Quality Report

Homestead Drive
Wakefield
WF2 9PE
Tel: 01924 384498
Website: www.homesteadmedicalcentre.co.uk

Date of inspection visit: 9 August 2016
Date of publication: 07/10/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Homestead Medical Centre on 9 August 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 been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and these were discussed at clinical meetings as well as being subject to an annual review.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a 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. The safeguarding lead reviewed the records of all children when a family moved out of the practice to ensure adequate handover was affected in relation to care and safeguarding.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice offered online-consultations with secondary care specialist consultants.
- As a result of participation in a local Vanguard programme, the practice had the support of pharmacists and physiotherapists in-house. We saw evidence to show that the input of these specific health professionals had increased clinical capacity. (Vanguards seek to develop new care models which support the improvement and integration of services. Within the Wakefield and surrounding areas there are two programmes - enhanced health in care homes; and the improved provision of specialist integrated services into the community).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. For example, a member of the nursing team had received advanced diabetes training which allowed them to deliver level four diabetic services which included insulin initiation.
- There was evidence of appraisals and personal and career development for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- The practice sent SMS text reminders to patients and reception staff also made personal calls to patients who had identified memory problems to remind them of their appointment.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Two of the GPs had undergone additional diploma training in palliative care to improve care and support for patients and their families.
- Information for patients about the services available was easy to understand and accessible. For example, patients could access face-to-face support and signposting from the practice care navigators.
- We heard that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example:
  - The practice participated in two local Vanguard programmes, via which the practice delivered enhanced health and care signposting, referral and information for patients (using care navigators and improved IT access), and offered in-house services such as physiotherapy. The practice also worked closely with other health and care professionals to integrate and link services for patients, and delivered clinical sessions to care home patients.

Summary of findings

  - The practice operated specialist diabetic clinics delivered in conjunction with a local secondary care provider. The practice also offered enhanced care management and services such as insulin initiation in-house.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- A young person's leaflet had been developed which gave key practice information as well as details of local support services such as those dealing with contraception/sexual health and mental health issues as well as some seldom considered issues such as young person's bereavement support. These leaflets were available in the waiting room and were also distributed to young patients directly by clinicians.
- 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.
- Staff from the practice had recently worked closely with the local ambulance service with regard to patients who made frequent, often unnecessary calls for ambulance services. They sought to identify ways to reduce these calls whilst ensuring patients' needs were met and they received appropriate care.
- The practice offered electronic prescribing, which involved sending prescriptions direct to the patient's pharmacy of choice. and dispensing process more efficient and convenient for patients.

Are services well-led?

Good

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

Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- A comprehensive understanding of the performance of the practice was maintained and leads had been allocated to key areas of work such as QOF and medicines management.
- 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

Good

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.
- All patients aged over 65 years were contacted annually for flu immunisation. The invitation was made via letter and non-responders were followed up with a telephone call to encourage attendance. Flu sessions were organised to maximise uptake and were held at various times, which included Saturday mornings.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. At the time of inspection the practice had 105 patients on their avoiding unplanned admissions register.
- All patients aged over 75 years were offered an annual health check.
- The waiting room provided raised high back chairs which were suitable for the elderly and those with mobility problems.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management. At the time of inspection 1,105 patients were on the practice long term condition management register.
- Patients were offered annual reviews based on their birthday month although if required reviews could be carried out on a more regular basis.
- Patients with long term conditions were offered longer appointments and were screened for depression during contact with the practice.
- Performance for diabetes related indicators was above the local and national averages. For example, 93% of patients on the

Summary of findings

diabetes register had a record of a foot examination and risk classification being carried out in the previous 12 months compared to the CCG average of 89% and the national average of 88%
- 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.

Families, children and young people

Good

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.
- We were told that children and young people were treated in an age-appropriate way and were recognised as individuals. The practice was also working toward achieving "Young Person Friendly" accreditation to better serve the needs of young patients.
- A young person's leaflet had recently been developed which gave key practice information as well as details of local support services such as those dealing with contraception/sexual health and mental health issues as well as some seldom considered issues such as young person's bereavement support. These leaflets were available in the waiting room and were also distributed to young patients directly by clinicians.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a dedicated clinic for six to eight week baby and mum checks. Non-attenders were followed up by the practice and the health visitors were informed that the appointment at the clinic had been missed.
- Midwife-led ante-natal clinics were hosted by the practice on a weekly basis.

Working age people (including those recently retired and students)

Good

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 7am to 8am appointments twice a week and telephone triage/ consultations were available for patients who could not get to the practice for a regular appointment.
- The practice was proactive in offering online services such as booking and cancellation of appointments and ordering repeat prescriptions.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group, such as cervical screening and NHS health checks.

People whose circumstances may make them vulnerable

Good

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, the frail elderly with complex care needs and those coming to the end of life.
- The practice offered longer appointments and health checks for patients with a learning disability.
- The practice was registered under the Wakefield Safer Places Scheme. This voluntary scheme seeks to assist vulnerable people to feel safer when travelling independently. Registered sites have agreed to offer support to the individual and would contact a named relative, carer or friend if the person was in distress.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had made a number of changes to better meet the needs of patients with a physical disability or sensory impairment. These included the provision of more appropriate seating and improvements to signage.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Summary of findings

- Performance for mental health related indicators was above the local and national averages. For example, 95% of patients diagnosed with dementia had had their care reviewed at a face-to-face meeting in the previous 12 months compared to CCG and national averages of 84%
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Of 367 survey forms that were distributed 120 were returned, which gave a response rate of 33%. This represented fewer than 2% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%
- 84%% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and the national average of 78%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Patients said that staff treated them with dignity and that services were responsive to their needs.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Homestead Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Homestead Medical Centre

The practice surgery is located on Homestead Drive in Wakefield, West Yorkshire WF2 9PE. The practice serves a patient population of around 6,400 and is a member of NHS Wakefield Clinical Commissioning Group.

The surgery is located in purpose built premises and is readily accessible for those with a disability, for example the main door is served by a ramp from the car park and a hearing loop had been installed for those with a hearing impairment. There is parking available on site for patients and an independent pharmacy is attached to the practice.

The practice age profile shows that 26% of its patients are aged under 18 years (compared to the CCG average of 20% and the England average of 21%), whilst it is below both the CCG and England averages for those over 65 years old (12% compared to the CCG average of 18% and England average of 17%). Average life expectancy for the practice population is 78 years for males and 81 years for females (CCG average is 77 years and 81 years and the England average is 79 years and 83 years respectively). The practice population has a slightly higher than average number of patients with a long standing health condition at 59% compared to the CCG average of 58% and the national average of 54%. The practice serves some areas of higher than average deprivation and is ranked in one of the third most deprived areas in the country. The practice population is primarily composed of British/Mixed British patients, although there are significant numbers of patients who are from Pakistani/British Pakistani, Eastern European and African backgrounds.

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

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Dementia support
- Risk profiling and case management
- Support to reduce unplanned admissions.
- Minor surgery
- Learning disability support
- Improving patient online access
- Patient participation

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 also offers healthy lifestyle advice to support wider community health and wellbeing.

Attached to the practice (or closely working with the practice) is a team of community health professionals that includes health visitors, midwives, members of the district nursing team and health trainers.

The practice has three GP partners (one male, two female) and utilises GP locum support when required. In addition the clinical team also comprises of one advanced nurse

practitioner, two practice nurses and two health care assistants (all female). Clinical staff are supported by a practice manager and an administration and reception team.

The practice appointments include:

- Pre-bookable appointments
- On the day/urgent appointments
- Telephone triage/consultations where patients could speak to a GP or advanced nurse practitioner.

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

The practice is open between 8am and 6.30pm Monday to Friday. The practice also offers early appointments from 7am to 8am on Tuesdays and Thursdays. Additionally the practice works with other local GPs to offer appointments from 6.30pm to 8pm Monday to Friday and from 9am to 3pm on a Saturday; these are available at a nearby practice.

The practice is accredited as a training practice and supports GP registrars for six monthly periods.

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

Why we carried out this inspection

We 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 such as NHS Wakefield Clinical Commissioning Group to share what they knew. We carried out an announced visit on 9 August 2016. During our visit we:

- Spoke with a range of staff, which included GPs, nursing staff, the practice manager and members of the administration team.
- Spoke with patients.
- Reviewed comment cards where patients and members of the public shared their views.
- Observed how patients were treated in the reception area.
- Spoke with members of the patient participation group.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough and detailed analysis of the significant events and these were discussed at clinical meetings as well as being subject to an annual review.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We noted during the check of records and minutes that these were clear, detailed, comprehensive and well referenced.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had identified a problem with regard to lost/missing blood tests which had been sent for analysis. In response to this the practice had instituted improved documentation checks and ensured that sample bags were properly sealed prior to despatch. The practice had also shared these concerns and learning points with the CCG.

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. These arrangements reflected relevant legislation and local requirements. 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 and a deputy appointed for safeguarding. GPs and health visitors discussed safeguarding at monthly meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All clinical staff were trained to safeguarding level three and non-clinical staff received training to level two. In addition the safeguarding lead reviewed the records of all children when a family moved out of the practice to ensure adequate handover was effected in relation to care and safeguarding.
- A notice in the waiting room and in consultation 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 an intimate medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check and this was renewed on a three yearly basis. (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). When a chaperone had been used the clinician noted this on the patient record.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection prevention control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence the practice had achieved 99% compliance levels during the last two audits which had been carried out.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

audits, with the support of the local CCG medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. A noticeboard in the main office was dedicated to medicines management and contained key information and performance data.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Two members of the nursing team had qualified as independent prescribers and could, therefore, prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines (PGDs are documents permitting the supply of prescription-only medicines to groups ofpatients, without individual prescriptions). In addition health care assistants were trained to administer vaccines and medicines against Patient Specific Directions (a PSD is a written instruction, signed by a prescriber eg a doctor, for medicines to be supplied and/or administered to a namedpatientafter the prescriber has assessed the patienton an individual basis).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The personnel records carried information regarding the immunity status of staff in relation to some communicable diseases, such as measles, mumps and rubella.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a 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, this approach being supported by regular reviews of appointment capacity. There was a rota system in place for all the different staffing groups to ensure 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 and panic buttons were installed in all clinical rooms.
- 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 for use.
- 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 stored securely.
- 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. This plan had been effectively used due to a recent failure of the telephony system.

Good

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 patients' needs. Guidelines and updates were discussed at monthly clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97% of the total number of points available, with exception reporting of 6% (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). Leads had been appointed for specific areas of QOF and performance was discussed at regular meetings.

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 above the local and national averages. For example, 93% of patients on the diabetes register had a record of a foot examination and risk classification being carried out in the previous 12 months compared to the CCG average of 89% and the national average of 88%
- Performance for mental health related indicators was above the local and national averages. For example, 95% of patients diagnosed with dementia had had their care reviewed at a face-to-face meeting in the previous 12 months compared to CCG and national averages of 84%

There was evidence of quality improvement including clinical audit.

- A large number of clinical audits had been completed in the last two years. We examined two completed audits in depth which related to two week waits and minor surgery, where the improvements made were implemented and monitored. Many of the other audits were single cycle only and the practice had recognised this and were planning to carry out more completed two cycle audits in the future.
- Clinical audits were completed by members of the nursing team as well as GPs.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- As a result of participating in one of the two local Wakefield Vanguard programmes, the practice had the services of a pharmacist and physiotherapists on site. As well as being able to provide specialised knowledge within the practice, the pharmacist and physiotherapists also freed clinicians' time to carry out other duties. For example, between 1 April 2016 and 30 July 2016 the physiotherapist had dealt with 11 appointments and saved an estimated two hours of GP time. Over the same period the pharmacist carried out 1,087 interventions which included carrying out medication reviews, dealing with medication requests and giving medicines advice. This had saved an estimated 136 hours of GP time.

As part of the programme the practice had also trained reception staff to act as care navigators to refer or signpost patients to more appropriate health and care services. They were also able to explain to patients in more depth the range of services and treatment options available to them. Between 1 April 2016 and 2 July 2016 they had dealt with 879 patient contacts and made 648 referrals to a pharmacist, 212 to a nurse practitioner and 17 to a physiotherapist. These activities were estimated to have saved 76 hours of GP time within the practice, as patients had been referred to other appropriate services rather than see a GP.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had a comprehensive induction programme for all newly appointed staff. This 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, a member of the nursing team had received advanced diabetes training which allowed them to deliver level four diabetic services which included insulin initiation. Training records were detailed and up to date.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources, discussion at clinical meetings and through mentoring.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Referrals were monitored and those who had not attended were contacted by the practice.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment and shared information via a common IT system. This included when patients moved between services, including when they were referred, or after they were discharged from hospital or when they were nearing the end of life. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice also used the Electronic Palliative Care Co-ordination System (EPaCCS); this provided a shared locality record for health and social care professionals which allowed rapid access across care boundaries to key information about an individual.

The practice embraced new ways of working and offered online-consultations with secondary care specialist consultants (an online-consultation is a mechanism that enables primary care providers such as GPs to obtain specialists' inputs into a patient's care treatment without requiring the patient to go to a face-to-face visit by using IT based communication links and data sharing).

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 and were aware of the Gillick/Fraser competencies. (These are used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge).
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

Good

Are services effective?

(for example, treatment is effective)

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and alcohol consumption.
- The practice had trained staff to act as care navigators to signpost patients that may be in need of assistance in the community to services that could help. They were also able to explain to patients in more depth the range of services and options available to them.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, although overall screening levels were below the CCG and national averages. The practice had identified the low level of bowel cancer screening and planned with the PPG to raise awareness amongst patients at future Saturday morning flu clinics.

Childhood immunisation rates for certain vaccinations given were below CCG averages. For example, 85% of under two year olds received a measles, mumps and rubella vaccination compared to the local average of 94%. Overall childhood immunisation rates for vaccinations given to under two year olds ranged from 84% to 99% (CCG averages 94% to 98%) and five year olds from 80% to 98% (CCG averages 92% to 97%). Child immunisation performance was examined at monthly clinical meetings and details of children who had missed immunisations were discussed with the health visitor.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A free telephone line to a local taxi firm was available in the reception area should patients need to call a taxi to take them home after a consultation or treatment session.
- Parking for prams, pushchairs and mobility scooters was available in the reception lobby and staff were available to monitor this area.
- Through close working with a number of voluntary sector organisations the practice had made a number of changes to improve the patient environment, these included;
  - High backed chairs were provided in the waiting room
  - Key notices were produced in colours which were more accessible to patients, notices also had matt laminates to reduce glare
  - Tactile signs were used on waiting room toilet doors
  - Call board display times were extended to 15 seconds to allow them to be read more easily
- The practice was registered under the Wakefield Safer Places Scheme. This voluntary scheme seeks to assist vulnerable people feel safer when travelling independently. Registered sites have agreed to offer support to the individual and would contact a named relative, carer or friend if the person was in distress.
- The practice was also working toward achieving "Young Person Friendly" accreditation to better identify and meet the needs of young patients.
- As well as sending SMS text reminders to patients, reception staff also made personal calls to patients who had identified memory problems to remind them of their appointment.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). 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 generally felt they were treated with compassion, dignity and respect. The practice was comparable to other practices locally and nationally for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national averages of 89%
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%

Good

Are services caring?

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients generally 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:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation and interpretation services were available for patients who did not have English as a first language. Longer appointments were also available for patients who required language support.
- The practice information leaflet had been adapted and was available in an easy read format in large font and without graphics.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Two of the GPs had also undergone additional diploma training in palliative care to improve care and support for patients and their families/carers.

The practice's computer system alerted clinical staff if a patient was also a carer. The practice had identified 25 patients as carers (under 1% of the practice list). This was relatively low, and when we raised this with the practice they told us that they would review their identification and recording in relation to carers. They informed us that carers status was captured on new patient application and opportunistically during consultations. Written information was available to direct carers to the various avenues of support available to them, this included leaflets in alternate languages for patients whose first language was not English. In addition the practice was proactive in trying to identify children and young people who had caring responsibilities.

Staff told us that if families had experienced a bereavement the practice would send them a sympathy card. If requested, following this contact patients could receive either a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Good

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.

- There were longer appointments available for patients with a learning disability, the frail elderly with complex needs and patients who needed additional language support.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children under five years old and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had made extensive changes to better meet the specific needs of patients with a disability, the elderly and those with language needs. For example, signage had been made suitable for those who were visually impaired, high backed chairs had been provided in the waiting room and translation and interpretation services were available.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. At the time of inspection the practice had 105 patients on their avoiding unplanned admissions register.
- The practice was a member of West Wakefield Health and Wellbeing Ltd (a federated network of GP practices and other health and partners). With these partners and as part of two local Vanguard programmes the practice and others sought to provide a larger, more diverse primary care team within the local area and deliver better co-ordinated services to meet patient need. A key element of the programme was improved physical access to care. The practice supported this approach and had:
  - Trained and used reception staff as care navigators to refer and signpost patients to appropriate health and care services should these be appropriate rather than access a GP appointment. They were also able to explain to patients in more depth the range of services and options available to them.
  - Increased patient access to information regarding care services and wellbeing opportunities.
  - Worked closely with other health and care providers to provide integrated care within the community.
  - Delivered clinical sessions for 12 patients in residential care.
  - Offered services led by a pharmacist and physiotherapists. These staff were able to either directly support clinical staff or deliver enhanced services to patients which reduced the need to access these services at other locations and demand on primary and secondary care services.
- The practice either operated or hosted a number of additional specialist services and clinics, these included:
  - A quarterly diabetic clinic delivered in conjunction with a local secondary care provider. In 2015, 33 patients had been seen at clinics run by a GP and consultant and 28 patients had been seen in clinics run by a practice nurse and a diabetic specialist nurse. The practice also offered specialist care management to patients on the practice diabetes register and enhanced services such as insulin initiation in-house. Satisfaction with the clinics was high and a survey in June 2016 showed 89% of patients said they were given advice to understand and control their condition at these clinics and 100% of patients said they felt involved in decisions about their care. In the 12 months previous to the inspection two patients had been started on insulin within the practice.
  - Prostate cancer management clinics. Satisfaction with this service was high and a survey showed that 100% of patients said they felt involved in decisions about their care.
  - Renal outreach clinics which were attended by 24 patients a month.
  - Audiology clinics which dealt with four patients at each monthly session.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- A dedicated clinic for six to eight week baby and mum checks. Non-attenders were followed up by the practice and the health visitor was informed that the appointment at the clinic had been missed.

- Staff from the practice had worked closely with the local ambulance service with regard to patients who made frequent, often inappropriate calls for ambulance services. The practice reviewed these patients and sought to identify ways to reduce these calls whilst ensuring patients' needs were met and they received appropriate care.
- A young person's leaflet had recently been developed which gave key practice information as well as details of local support services such as those dealing with contraception/sexual health and mental health issues as well as some seldom considered issues such as young person's bereavement support.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, and on Tuesday and Thursday the practice was open to patients from 7am to 8am. Additionally the practice worked with other local GPs to offer appointments from 6.30pm to 8pm Monday to Friday and from 9am to 3pm on a Saturday. These appointments were delivered at a nearby surgery.

Patients could book appointments in person, via the telephone or online.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%

People we spoke to on the day of the inspection said that they were able to get appointments when they needed them.

The practice had a system in place to assess home visits:

- As to whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a complaints leaflet was available in the waiting room and details on how to complain was also contained on the practice website.

We looked at all ten complaints that the practice had received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had received a complaint from a patient who had missed their appointment slot by six minutes and whose appointment had been cancelled. This complaint was reviewed and led to a change in practice policy which added additional flexibility to attendance times and meant that appointments would not be immediately cancelled.

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.

- This vision and ethos was well understood and accepted by practice staff we spoke to on the day.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and leads had been allocated to key areas of work such as QOF and medicines management.
- 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

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they were "dedicated to delivering the highest quality care, keeping the patient at the centre of every decision". Staff told us the partners were friendly and approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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 and that detailed minutes were kept.
- 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 and supported in doing so. We noted that whole team away days had been held to support team building and promote cohesive working.
- 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. The PPG met on a quarterly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested that a blood pressure monitor, weighing scales and a television be installed in the waiting area and this was agreed by the practice. In addition the PPG

Are services well-led?

Good

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

meetings were also attended by staff from the independent pharmacy next to the practice. This allowed the direct feedback of patient views to the pharmacy.

- The practice gathered feedback from staff through staff away days, meetings, appraisals and via a staff suggestion box. 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.
- The practice had developed a newsletter which it used to deliver key information and seasonal messages to patients such informing them of forthcoming flu clinics. They had also developed a staff newsletter which again carried details of developments within the practice as well as details of social events and congratulations to staff.

Continuous improvement

There was a 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 participated in two Wakefield Vanguard programmes, and worked closely with the CCG to improve medicines optimisation.

The practice had also developed a strong training culture and as well as being a training practice for doctors, actively supported the career development of staff. For example, a member of staff had received training and support which had allowed them to progress from working in reception to becoming a health care assistant.