

Dr A Hayat & Partners

Quality Report

Maybush Medical Centre
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Date of inspection visit: 14 February 2018

Date of publication: 23/03/2018

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

Letter from the Chief Inspector of General Practice

Page

2

The six population groups and what we found

4

Detailed findings from this inspection

Our inspection team

5

Background to Dr A Hayat & Partners

5

Detailed findings

7

Action we have told the provider to take

21

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The practice was previously inspected in September 2015 when it was rated Good overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Dr A Hayat & Partners on 14 February 2018 as part of our inspection programme and also because the practice had recently experienced organisational change and new GP partners had taken over the running of the practice.

At this inspection we found:

- The practice had some systems in place to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However it was noted that some policies and procedures were out of date and needed review; that some health and safety risk assessments had yet to be fully embedded in the practice and that actions in relation to a recent infection prevention and control audit had not been fully complied with within required timescales.
- The practice routinely reviewed the effectiveness, quality and appropriateness of the care it provided. For example, we saw that the practice had carried out a number of clinical audits over the last six months.
- We were informed by patients that staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- The practice worked with secondary care providers to deliver a quarterly diabetes clinic for patients with more complex needs.
- The practice had introduced a patient liaison service which sought to deal with patient concerns and complaints quickly and effectively and to prevent further escalation.
- Clinical waste was not correctly labelled so as to identify the practice as the originator.
- The practice procedure for issuing and recording blank prescriptions was not understood by all staff involved in the process.

The area where the provider **must** make improvements as they are in breach of regulations is:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider **should** make improvements are:

- Review the areas of low patient satisfaction contained in the National GP Patient Survey linked to timely access to the service and take steps to improve patient satisfaction in these areas.
- Review and complete the current work developing capacity to enable support and mentoring processes to be in place for all clinical areas.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Dr A Hayat & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Dr A Hayat & Partners

The practice surgery is located at Maybush Health Centre, Belle Isle Health Park, Portobello Road, Wakefield, West Yorkshire WF1 5PN. The practice serves a patient population of around 9,100 people 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 entrance door is wide enough to allow wheelchair access. There is parking available on site for patients and an independent pharmacy is located close to the practice.

The practice age profile shows that 23% 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 (15% compared to the CCG average of 18% and England average of 17%). Average life expectancy for the practice population is 77 years for males and 81 years for females (CCG average is 78 years and 82 years and the England average is 79 years and 83 years respectively). Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest

levels of deprivation and level ten the lowest. The practice population is primarily composed of White patients, although there are significant numbers (15%) of patients from other ethnic 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
- Minor surgery
- Learning disability support

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including diabetes and coronary heart disease.

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

Over the six months prior to the inspection the practice has undergone extensive staffing changes, although during this time the patient group accessing the service remained the same. Previously established GP partners have left the practice over the past 18 months to be replaced by two new GP partners supported by a revised operating and staff structure. This comprises of the two new GP partners (one male and one female), and a wider clinical team of three salaried GPs (one male, one female and at the time of inspection one vacant), an advanced nurse practitioner (male), a nurse prescriber (female), two practice nurses

Detailed findings

(female), a healthcare assistant (female) and a phlebotomist (female). Clinical staff are supported by a practice manager, a reception manager and an extensive administration and reception team. The practice also uses the services of a practice pharmacist (male) who works at practices across the network and a community pharmacist (male) who the practice is supporting through their prescribing course.

The practice appointments include:

- Pre-bookable appointments which can be made from two to three weeks in advance
- Same day access
- 48 hour access
- Urgent appointments which are assessed on a triage basis
- Home visits
- Telephone 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 with appointments available between 8am to 11am and 3.30pm to 6pm.

The practice also participates in a local telephone triage service, Trinity Care, which operates across the local network. Once capacity is full at the practice, patients who request to be seen on the same day will be put onto a triage list. This service operates during normal operating hours. Calls are triaged and an appointment made with a doctor should this be necessary. Patients also have the ability to ring direct to the service and bypass the practice.

Extended hours care is provided by GP Care Wakefield and the practice telephone system automatically diverts to this service between 6.30pm to 10pm Monday to Friday, and 9 to 3pm Saturdays, Sundays and bank holidays, for same day GP appointments. Patients can also book a routine nurse appointment at GP Care Wakefield between 6.30pm to 8pm Monday to Friday, and 9 to 1pm Saturdays, Sundays and Bank Holidays. Outside of the above times, patients are presented with a recorded message on the telephone asking them to redial to 111.

The practice has recently been approved as a teaching practice and is to support Year 1 to 3 medical students from September 2018.

The latest rating is clearly displayed in the practice waiting room and on the practice website.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- Health and safety risk assessments had not been fully embedded within the practice.
- A number of key policies and procedural documents such as safeguarding, chaperoning and infection prevention and control were out of date and in need of review.
- Issues in relation to an infection prevention and control audit carried out in September 2017 had not been fully complied with within timescales.
- Clinical waste was not correctly labelled so as to identify the practice as the originator.
- The practice procedure for issuing and recording blank prescriptions was not understood by all staff involved in the process.

Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse.

- The practice, via a consultancy company, had adopted a suite of health and safety risk assessments. At the time of inspection these assessments had only been partly embedded within the practice and the management team was working to achieve full implementation of these and put in place necessary control measures by the end of March 2018. We saw that staff received health and safety information for the practice as part of their induction and refresher training and that a health and safety poster was prominently displayed in the corridor outside the main office. The practice had developed and adopted a Control of Substances Hazardous to Health (COSHH) assessment and this was fully in place.
- The practice had some systems in place to safeguard children and vulnerable adults from abuse. The safeguarding policy though was out of date and was awaiting review along with a number of other key policies such as chaperoning and Infection Prevention

and Control. The practice was working to review and update policies, although this did not appear to be on a service critical or prioritised basis. Safeguarding information was available in consulting rooms. The practice had appointed the senior partner as the safeguarding lead; although at the time of inspection there was some confusion amongst staff as to which partner was the safeguarding lead. Since the inspection we have been informed by the practice that all practice staff have been updated as to who the safeguarding lead is.

- The practice met and worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, which included checks on professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were due to be undertaken every three years (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check (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). The use of a chaperone was noted in the patient record, and chaperone posters were clearly displayed in the practice. The chaperone policy was out of date and in need of review.
- There were some systems in place to manage infection prevention and control (IPC). An IPC audit had been carried out in September 2017 and the practice had achieved an overall compliance score of 85%. However at the time of inspection it was noted that a number of issues identified were still outstanding. These included some structural repairs, IPC not being incorporated into induction and job descriptions, and a lack of a written infection control programme. In addition, the IPC policy for the practice was outside of its review date. Curtains in consultation rooms whilst clean were due to be

Are services safe?

changed on an annual basis; this was outside the current best practice guidance which advises replacing such curtains on a six monthly basis. Since the inspection we were informed by the practice that IPC has been incorporated into induction and job descriptions and that the curtains have been replaced and put on a rolling programme of six monthly replacement.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste, although clinical waste bags had not been labelled or tagged to identify the practice as being the originator of the waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians and non-clinical staff knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice procedure for issuing and recording blank prescriptions was not understood by all staff involved in the process. Physical security measures in relation to prescriptions were satisfactory.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had comparable prescribing rates to other practices for antibiotics and worked closely with the CCG to support good antimicrobial management.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had some measures in place to ensure safety.

- The practice had used a health and safety consultancy company to provide a suite of health and safety risk assessments; however these had not been fully embedded within the practice at the time of inspection. The practice though was working to complete all actions in relation to these by the end of March 2018. We did see that issues with regard to fire safety had been addressed and regular alarm checks were in place, staff had received the necessary training and that staff had been assigned key roles in the event of a fire.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a clear system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The management team within the practice supported them when they did so.

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, as the result of a prescribing error staff were informed to ensure that due care and attention was paid when issuing prescriptions to check that the correct medication has been requested. We saw that events and incidents were discussed at team meetings and that these meetings were minuted. It was noted that some minutes were limited and lacked detail.
- We saw that there was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing rates in relation to Hypnotics (a class of psychoactive drugs whose primary function are to induce sleep and can be used in the treatment of insomnia) and antibiotic items were comparable to other practices both locally and nationally.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice had appointed, or were in the process of appointing, leads and support for specific disease pathways.

Older people:

- At the time of inspection the practice supported 29 patients in local care homes. They received regular visits from the practice's advanced nurse practitioner, and urgent care support by the practice's GPs.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified were offered or received a clinical review, and care planning which included a review of medication.
- The practice provided a hormonal drug therapy service for six patients with prostate cancer which enabled them to have treatment and monitoring closer to home.

- Patients aged over 75 were invited for a health check and records showed that 221 (of around 540 patients aged over 75) of these patients had received a health check which was documented in their care plan in the last 12 months.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- We saw that in the majority of cases patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GPs worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example the practice employed a practice nurse with additional training to support patients with diabetes.
- Practice performance under the previous partners for the care of people with long-term conditions was generally comparable to other practices. The latest verified data from 2016/17 linked to the practice's patient population showed:
 - 69% of patients with asthma on the practice register had received an asthma review in the preceding 12 months compared to a CCG average of 81% and a national average of 76%.
 - 70% of patients with Chronic Obstructive Pulmonary Disease (COPD) had received a review in the preceding 12 months compared to a CCG average of 88% and a national average of 90% (COPD is a term used to describe a group of lung conditions that cause breathing difficulties).

We discussed these results with the practice who showed us evidence that recent performance in relation to reviews of patients with long-term conditions had shown some improvement. For example, this unverified data showed up to the end of January 2018 73% of COPD patients had received a review.

Families, children and young people:

Are services effective?

(for example, treatment is effective)

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% and ranged between 95% and 97% for the four indicator areas.
- Whooping cough and influenza vaccination was offered to all pregnant women who were 20 weeks pregnant and over.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme and below the CCG figure of 75% and the national figure of 72%. We discussed this performance with the practice and they told us that they had held additional cervical smear clinics and had recently trained an additional staff member to enable them to support the programme. We saw unverified data that indicated that cervical screening performance had improved in 2017/18.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. We were informed uptake of these health checks was low, despite the practice regularly sending out batches of invitations to attend health checks to patients.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice 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 held a register of patients living in vulnerable circumstances including those with a learning disability and used these to plan and deliver services.

People experiencing poor mental health (including people with dementia):

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG and national averages of 84%.
- Overall exception reporting for the practice in relation to mental health was low at 2% when compared to a CCG average of 11% and a national average of 14%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).
- 74% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was below the CCG average of 92% and the national average of 90%.

Monitoring care and treatment

The practice had begun to develop a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had carried out a number of clinical audits; some of which were two cycle. For example a recent audit sought to identify patients who were at high risk of breast cancer due to certain medication interactions, and to discuss changes to medication to reduce this risk.

The most recent published Quality and Outcomes Framework (QOF) results showed that in 2016/17 the practice had achieved 95% of the total number of points available which was comparable to the clinical commissioning group (CCG) and national averages of 96%. The overall exception reporting rate was 9% compared with a CCG average of 9% and a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice). It should be noted that the performance figures quoted relate to a period before the current GP partners were leading the service. However other members of the clinical and non-clinical staff at the practice were in post and delivered services during this time and the patient group had remained relatively unchanged. We were told by the practice that under the new partners they regularly reviewed QOF performance and used this to identify and target patients for support.

Effective staffing

Are services effective?

(for example, treatment is effective)

In general staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. However it was noted that vaccination and immunisation training for a member of clinical staff had lapsed. The practice took immediate action on this and the staff member was prevented from administering such vaccinations until they had received update training.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with a level of ongoing support. This included an induction process, appraisals, mentoring, clinical supervision and support for revalidation. However not all staff during the inspection said they felt fully supported within their role. The recent departure of previous GP partners had meant that the practice was still developing capacity to deliver support and mentoring processes for staff in all clinical areas. A plan was in place to achieve this and was in the process of being worked through at the time of inspection.
- There was a clear approach for supporting and managing staff when their performance was poor or variable via direct discussions and the appraisal process.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. We saw that the practice held regular monthly multidisciplinary meetings with partners to discuss patients who were vulnerable or had complex and enduring care needs.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice performance with regard to screening for other cancers was generally above CCG and national averages. For example:
 - 58% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to CCG average of 56% and a national average of 55%.
 - 76% of female patients aged 50 to 70 had been screened for breast cancer in the previous 36 months compared to CCG and national averages of 70%.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The reception area had been designed to ensure patient confidentiality with sliding windows and a clear queuing line behind which patients waiting to see the receptionists were asked to stand. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test which had shown a steady improvement over the past six months. For example patients who would be extremely likely or likely to recommend the practice to others had risen from 53% in November and December 2017 to 88% in January and part of February 2018. This view of continued improvement was also supported by patients we spoke to on the day of inspection.
- When booking hospital appointments for patients using the NHS e-Referral Service (previously known as Choose and Book), we were told that the practice was mindful to take into account the needs of patients with regard to time of appointment and transportation considerations.
- Patients who had a visual impairment had an alert put on their record which highlighted the need for them to be escorted to their consultation.

Results from the July 2017 annual national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. A total of 324 surveys were sent out and 132 were returned which was a completion rate of 41%. This represented over 1% of the practice population. It should be noted that the

performance figures quoted relate to a period before the current GP partners were leading the service. The practice was generally comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%
- 84% of patients who responded said the GP gave them enough time compared with a CCG average of 85% and a national average of 86%
- 92% of patients who responded said they had confidence and trust in the last GP they saw compared with a CCG average of 95% and a national average of 96%
- 79% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with a CCG average of 84% and a national average of 86%
- 87% of patients who responded said the nurse was good at listening to them compared with a CCG average of 92% and a national average of 91%
- 92% of patients who responded said the nurse gave them enough time compared with a CCG average of 93% and a national average of 92%
- 95% of patients who responded said they had confidence and trust in the last nurse they saw compared with CCG and national averages of 97%
- 87% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with CCG and national averages of 91%
- 80% of patients who responded said they found the receptionists at the practice helpful compared with a CCG average of 86% and a national average of 87%

The practice was aware of these results and had identified areas where they felt improvement was required. They explained to us that the new practice management team would seek to involve all staff within the practice in driving this area of work forward and would report back to patients on improvements made.

Are services caring?

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Translation and interpretation services were available for patients who did not have English as a first language and a hearing loop had been installed to assist patients who had a hearing impairment. The practice said that it helped patients with literacy problems to complete forms in relation to their health and care needs.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff had the ability to signpost patients and their carers to other support and advocacy services.

The practice proactively identified patients who were carers on registration and opportunistically. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 110 patients as carers (over 1% of the practice list). Contact details of carers and support workers were put on the patient record, and patients were asked to confirm this at every contact they had with the practice to ensure details were kept up to date and accurate.

Staff told us that if families had experienced bereavement they would offer support such as a consultation to assess health or care needs family members may have. They were also able to signpost families to other bereavement support organisations. In the event of a patient death, all staff were notified of this to ensure they could deal with any close family members with sympathy, care and respect.

Results from the national GP patient survey showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally comparable to local and national averages:

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%
- 76% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national averages of 90%
- 83% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 85%

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Consultation rooms were fitted with curtains around the treatment couch and rooms could be locked during intimate examinations or consultations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example it offered online services and telephone consultations for patients who may not be able to access the practice directly.
- The facilities and premises were appropriate for the services delivered. For example, the practice was accessible to those with a physical disability.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice hosted abdominal aortic aneurysm screening for identified individuals (this screening sought to detect dangerous swellings of the aorta-the main blood vessel that runs from the heart, down through the abdomen to the rest of the body). In 2016/17 47 patients were invited to a screening session, of which 40 attended (85%), of these patients three were identified as having an abdominal aortic aneurysm and were offered support and treatment. The next hosted session was due to be held in March 2018.
- The practice was able to refer patients to physiotherapy, audiology, chiropody and ultrasound clinics which were hosted within the medical centre.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were

being appropriately met. Multiple conditions were reviewed at one appointment when appropriate, and consultation times were flexible to meet each patient's specific needs.

- The practice utilised the services of a practice pharmacist and a community pharmacist. These pharmacists delivered services such as medication and asthma reviews on a face to face basis and via telephone consultations.
- The practice held regular meetings with other local health and care professionals to discuss and manage the needs of patients with complex medical issues.
- The practice hosted a quarterly specialist diabetic clinic for patients with more complex diabetic needs. This clinic was delivered by a diabetic nurse specialist and the practice diabetes nurse. Each clinic saw around eight to nine patients per session. In addition the practice used e-consultations to discuss other more complex cases with a specialist diabetes consultant (an e-consultation is a mechanism that enables primary care providers to obtain a specialists' input into a patient's care and treatment using IT based communication methods without requiring the patient to go to a face-to-face visit.)

Families, children and young people:

- Antenatal clinics delivered by midwives were hosted within the practice. In addition the practice offered post-natal and six to eight week baby checks.
- Appointments were flexible and were available to children and their families before and after school times.

Working age people (including those recently retired and students):

- The needs of this population group 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 online appointment booking and prescription services.
- Telephone GP and ANP consultations were available which supported patients who were unable to attend the practice during normal working hours.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice offered in-house phlebotomy, spirometry and ECG (Electrocardiography a process of recording the electrical activity of the heart over a period of time) services.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and the frail elderly with complex needs.
- The practice was registered under the Wakefield Safer Places Scheme. This was a voluntary scheme which assists vulnerable people to feel safer and more confident when travelling independently away from home and direct support. Staff had received dementia training which gave them a greater understanding of patients' needs and how to assist them to meet these needs. The practice had also received accreditation for being dementia friendly.
- Care plans were tailored to the specific needs of patients dependent on their mental health needs and had been allocated to specific GPs.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. For example, children under the age of five years would be prioritised and would be seen within four hours of initial contact.
- The majority of patients reported that the appointment system was easy to use. We saw that the practice had on average 600 appointments available per week and that the next non-urgent appointment was available the next day.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was sometimes significantly below local and national averages. However this was not supported on the day of inspection by

observations, completed Care Quality Commission comment cards or via discussions with patients. These sources noted that access and care had improved over recent months. This was supported by recent Friends and Family Test feedback which had shown a steady improvement over the past six months.

- 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 80%.
- 66% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 66% and the national average of 71%.
- 63% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 71% and the national average of 76%.
- 68% of patients who responded said their last appointment was convenient compared with the CCG average of 80% and the national average of 81%.
- 62% of patients who responded described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 49% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

We discussed these low satisfaction survey scores with the practice who told us that whilst these survey results came from a period prior to the involvement of the new partners they had noted the areas of below average performance and were developing plans to improve these areas. This would involve all staff members and progress and actions would be communicated to patients.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints

Are services responsive to people's needs?

(for example, to feedback?)

compassionately. The practice had appointed a member of staff to lead on complaints and sought to work with patients to resolve issues as they occurred thus seeking to prevent the escalation of complaints.

- The complaint policy and procedures were in line with recognised guidance. We saw that 18 formal complaints had been received in the last year. We reviewed a

number of these complaints and found that they had been satisfactorily handled in a timely way and that patients had been kept informed throughout the process.

- The practice learned lessons from individual concerns and complaints and also from analysis of trends, we saw from minutes that concerns and complaints were discussed at team meetings. We were told that the practice saw these issues as learning opportunities.

Are services well-led?

Good 

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

Our findings

We rated the practice, and all of the population groups, as good for providing a well-led service.

Leadership capacity and capability

The two GP partners had recently joined the practice. We saw that they were still in the process of implementing their own approach to the development of the practice.

- On the day of inspection we saw that the management team had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- We were told that leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills.
- Partners from the practice were active in the local health and care community.

Vision and strategy

The practice under the new partners had begun to develop a clear vision and credible strategy. They had developed a mission statement which stated their commitment to providing safe, effective, caring responsive and well-led primary health care services which echoed, where feasible, the latest developments in primary health care.

- There was a clear vision and set of values. The practice was developing a strategy and supporting business plans to achieve priorities.
- The practice had developed its vision and values had begun to work with staff to embed these into everyday practice.
- The practice strategic approach was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population and had recently reintroduced services such as minor surgery and family planning.

Culture

The practice had a culture of sustainable care.

- The majority of staff stated they felt respected and valued. However not all staff during the inspection said they felt fully supported within their role. The recent departure of previous GP partners had meant that the practice was still developing capacity to deliver support and mentoring processes for staff in all clinical areas. A plan was in place to achieve this and was in the process of being worked through at the time of inspection.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints, and we saw when things went wrong that the practice kept patients informed and up to date with the progress of their complaint. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They told us the practice had a no-blame culture and had confidence that concerns would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and development conversations. All staff had received regular annual appraisals in the last year.
- All clinical staff, including nurses, and non-clinical staff were considered valued members of the practice team and had an important role to play in the delivery of the ambitions the management team had for the practice.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- There were generally positive relationships between staff and teams.

Governance arrangements

There were defined responsibilities, roles and systems of accountability devised within the practice to support good governance and management and these were in the process of being embedded.

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. There was some staff uncertainty as to the identification of which of the partners was the safeguarding lead, however we were informed after the inspection that this had been rectified and all staff were now aware of the lead GP for this role
- Practice leaders had not yet fully established policies, procedures and activities. It was noted that a number of key policies and procedures were out of date and in need of review. At the time of inspection the practice was working to review and update these policies, although this did not appear to be on a service critical or prioritised basis.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance. However some of these had not yet been fully implemented. For example, we saw that there were still areas in relation to the September 2017 infection prevention and control audit that needed action, that health and safety risk assessments had not been fully embedded in the practice and that clinical waste was not properly identified.

- The practice had processes to manage current and future performance. We saw that the practice reviewed performance on a regular basis and that areas of past underperformance such as care planning and reviews had been prioritised. Practice leaders had an oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were some plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, following patient feedback a water cooler was placed in the waiting room.
- There was an active patient participation group and they told us that they felt they had a key role to play in the future development of the practice.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice held regular meetings which included:
 - Brief clinical meetings held on a daily basis to discuss developing issues.
 - Full clinical meetings held on a weekly basis.
 - Bi-monthly practice meetings.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of internal and external reviews of incidents and complaints. We saw that learning was shared and used to make improvements.
- The practice had a developing training culture and actively supported staff to gain additional qualifications and develop experience in specialist areas.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was because:</p> <ul style="list-style-type: none">• Issues highlighted as needing improvement or action during an infection prevention and control audit carried out in September 2017 had not been fully complied with within timescales.• A number of key policies and procedures linked to the safe care and treatment of patients were out of date and had not been reviewed.• Health and safety risk assessments had not been fully embedded in the practice. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>