

# Stanley Health Centre

## Quality Report

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Date of inspection visit: 23 February 2016  
Date of publication: 29/04/2016

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?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stanley Health Centre on 23 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect 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.
- 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.

We saw areas of outstanding practice:

- The practice delivered an avoiding unplanned admissions service which provided proactive care management for those patients who had complex needs and were at risk of an unplanned hospital admission. The practice used a risk profiling tool to identify these patients. The practice then carried out advanced care planning and regular patient reviews, which involved multi-disciplinary working across health and social care. As a result the practice could evidence a 46.8% reduction in emergency admissions over the past two years.
- The practice provided two clinical sessions per week at local nursing homes, during which patient health needs were met and care plans were reviewed. As a result of their interventions the practice could evidence that from October 2014 to September 2015

# Summary of findings

there had been a 12.5% reduction in Accident and Emergency attendances, an 11.3% reduction in admissions and a 10.4% reduction in ambulance calls for patients from this home.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse,
- Risks to patients were assessed and well managed.
- The practice had recently appointed a member of staff as a Medicines Safety Champion, who covered all issues relating to medicines safety.

### Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice provided two clinical sessions per week at local nursing homes, during which patient health needs were met and care plans were reviewed. As a result of their interventions the practice could evidence that from October 2014 to September 2015 there had been a 12.5% reduction in Accident and Emergency attendances, an 11.3% reduction in admissions and a 10.4% reduction in ambulance calls for patients from this home.

# Summary of findings

- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients had complex needs and were at risk of an unplanned hospital admission. The practice used a risk profiling tool to identify these patients. The practice then carried out advanced care planning and regular patient reviews, which involved multi-disciplinary working across health and social care. As a result the practice could evidence a 46.8% reduction in emergency admissions over the past two years.

## Are services caring?

The practice is rated as good for providing caring services.

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

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in an operational resilience scheme funded by Wakefield CCG. GPs from five practices in the local network had worked on a rota basis to provide out of hours appointments which were delivered at a neighbouring practice. Access to the service was available to all patients in the five participating practices and appointments were available Monday to Friday 6.30pm to 8pm and on Saturday 9am to 3pm.
- Patients said they generally found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Good



# Summary of findings

- Pre-bookable appointments were available from 7am on most Tuesdays and Thursdays and late evening appointments were also available on certain Tuesday and Wednesday evenings up to 8pm.
- 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.
- The practice had participated in a sensory impairment audit carried out by a local voluntary group. Results of the audit had been considered by the practice and improvements implemented, which included changes made to text and colours on posters in the waiting room to aid those patients with a visual impairment.
- The practice proactively reviewed patients who had recently been discharged from hospital to assess whether they had any immediate or ongoing care needs.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance and management meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour (the intention of this duty is to ensure that providers of health and care services are open and transparent with people who use these services when for example errors are made or harm caused). The partners encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

**Good**



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice had participated in the West Riding Nursing and Residential Home Pilot and had continued to be part of the now mainstreamed Wakefield Vanguard Connecting Care programme. As part of the programme the practice provided two clinical sessions per week at local nursing homes.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

### People with long term conditions

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

Outstanding



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had delivered an avoiding unplanned admissions service which provided proactive care management for those patients who had complex needs and who could be at risk of unplanned hospital admission. Using 2012/13 data as a baseline the practice had seen a 46.8% reduction in emergency admissions over this period.  
Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured and annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice worked closely with one of three local integrated care hubs as part of the Connecting Care programme, which supported patients to avoid a hospital admission by providing care in their home. The practice was able to offer jointly delivered care or refer patients onto a range of other health and care professionals such as therapists, palliative care nurses and staff from voluntary organisations. Specialised diabetes appointments were available at the practice delivered by a GP and a diabetes consultant.

# Summary of findings

- The practice website had a specific long term conditions tab with links to health advice and information resources.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had issues in relation to safeguarding were identified on the patient record.
- Immunisation rates were high for all standard childhood immunisations.
- We were told that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice hosted a range of services for families including Wednesday afternoon child health clinic accessed via appointment and ante-natal midwife run clinics.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered its own extended hours opening, and with other partner practices participated on a rota basis offering appointments from 6.30pm to 8pm Monday to Friday and 9am to 3pm on Saturday operating from a neighbouring surgery.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a number of on-line services including booking appointments and ordering repeat prescriptions.

Good



## People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people, this included palliative care meetings and coordinated working as part of the Connecting Care integrated care programme.
- 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 was registered under the Wakefield Safer Places Scheme. This is a voluntary scheme which assists vulnerable people to feel safer when travelling independently. If the person felt unwell, lost or in distress they could access the practice, who would then contact a named relative, carer or friend.

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

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

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

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing either in line with or better than local and national averages. 297 survey forms were distributed and 129 were returned, a response rate of 43%. This represented around 1.7% of the practice's patient list.

- 84% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 76%.
- 89% described the overall experience of their GP surgery as good compared to a national average of 85%.

- 84% said they would recommend their GP surgery to someone who has just moved to the local area compared to a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards, almost all of which were positive about the standard of care received.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring.

# Stanley Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Stanley Health Centre

Stanley Health Centre is located in Wakefield and provides services for around 7,600 patients. The practice is based in a purpose built unit, which is of modern design and which opened in 2014 after the redevelopment of the previous practice building. There is parking available on site and additional parking is available on nearby streets. The practice building is accessible to those with a disability and can be accessed via a low gradient ramp leading up to automatic doors. A privately operated commercial pharmacy is attached to the practice building. The practice is a member of the Wakefield Clinical Commissioning Group (CCG).

The practice has a similar population age profile compared to the England average with 17% of patients being aged 65 years or over. Data from Public Health England indicates 63% of the practice population has a long standing health condition compared to 54% nationally. Average life expectancy for the practice population is 80 years for males and 85 years for females compared to a CCG average life expectancy of 77 years for males and 81 years for females (England average is 79 years and 83 years respectively). The area is ranked as being less deprived than most areas and

is placed in the fourth least deprived decile. The practice population is predominantly White British, although the practice reports that there is a growth in patients of Eastern European origin.

The practice provides services under the terms of the General Medical Services (GMS) and is registered with the Care Quality Commission (CQC) to provide the following services; treatment of disease, disorder or injury, diagnostic and screening procedures, family planning, surgical procedures and maternity and midwifery services. In addition to this the practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Minor surgery
- Extended hours
- Dementia diagnosis and support
- Improving patient online access
- Learning disability support
- Risk profiling and care management
- Reducing unplanned admissions
- Patient participation

As well as these enhanced services the practice also offers additional services such as those supporting chronic disease management including asthma, diabetes, joint injections and travel vaccinations.

The practice has five GP partners (four male, one female), one senior nurse prescriber (female), one practice nurse

# Detailed findings

(female) and two health care assistants (both female) and a phlebotomist/receptionist (female). Clinical staff are supported by a practice manager and an administration and reception team.

The practice offers a range of appointments, these include:

- Routine pre-bookable appointments up to three months in advance
- Urgent appointments/on the day
- Nurse triage where patient's needs are assessed and appropriate care options are offered including urgent/ on the day appointments, home visits or signposting to a service such as a pharmacy.
- Telephone consultations
- In addition the practice offers home visits to patients who are too ill to come into the surgery

Appointments could be made in person, via the telephone or on-line.

The practice is open Monday to Friday 8am to 6pm with GP consultation times being Monday to Friday 8.30am to 11.10am and 3.30pm to 5.30pm. Pre-bookable appointments are available from 7am on most Tuesdays and Thursdays, and late evening appointments are also available on certain Tuesday and Wednesday evenings up to 8pm.

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

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 February 2016. During our visit we:

- Spoke with a range of staff including practice partners, practice nurses and health care assistants, the practice manager and members of the reception and administration team. We also spoke with patients who used the service.
- Observed how staff interacted with patients at the practice.
- Reviewed anonymised templates.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with NHS Wakefield Clinical Commissioning Group.

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

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

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

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

## Detailed findings

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had sent an urgent patient referral by fax to another health provider, however it had not been received. As a result all faxed referrals were now followed up with a telephone call to confirm that receipt. Since implementation of this new process no faxed referrals have been missed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice told us it had a strong no blame culture that encouraged staff to be open and transparent with colleagues and patients when things go wrong. The practice was also aware of wider duties to report incidents to bodies such as the Clinical Commissioning Group and NHS England.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice in the waiting room and in the 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 a medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead. There was an infection prevention and control protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. During the inspection we noted that prescription pads were stored in an unlocked drawer in the reception office. After discussion with the practice it was agreed that this drawer would be immediately kept locked to improve security.
- The senior practice nurse had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. She 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 in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises. A member of staff had recently been assigned to a new role as Medicines Safety Champion for the practice with duties to oversee medicines safety, and medicines optimisation performance.

## Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. In addition there was a computer recall system in place to remind patients when their smear test was due.

### 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 office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire tests. There had not been a recent fire evacuation drill at the practice; however we were told by the practice that one was scheduled to be carried out in March 2016.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had other mandatory risk assessments in place to manage safety within the premises such as control of substances hazardous to health and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and these were planned one month in advance.

### Arrangements to deal with emergencies and major incidents

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

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available. Exception reporting for the practice was 6.1% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was comparable when compared to the national average. For example the percentage of patients on the diabetes register with a record of a foot examination and risk classification in the preceding 12 months was 89% compared to 88% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the national average with 85% having received checks compared to 84% nationally.
- Performance for mental health related indicators was mixed with some such as the percentage of patients with schizophrenia, bipolar affective disorder and other

psychoses who had an agreed care plan documented being below the national average (80% compared to 88% nationally) and others such as the percentage of patients with those conditions who had had their alcohol consumption recorded being above the national average (91% compared to 90% nationally).

Clinical audits demonstrated quality improvement.

- There had been clinical audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and a reaudit had occurred.
- Audit findings were used by the practice to improve services. For example, an audit in relation to valproate (a drug which is used to treat epilepsy, bipolar affective disorder and migraine but which should not be usually prescribed to females of child bearing age due to risks associated with birth abnormalities.) led to improvements in discussing these risks with female patients and recording these discussions on the patient record before deciding on the course of treatment.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings
- 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



# Are services effective?

## (for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

- For the previous two years under an enhanced service agreement the practice had delivered an avoiding unplanned admissions service which provided proactive care management for patients who were vulnerable with complex needs and who could be at risk of unplanned hospital admission. The practice used a risk profiling tool to identify patients. The practice then carried out care planning which involved multi-disciplinary working across health and social care with regular patient reviews (some with multiple conditions) being carried out either in the surgery or in the patient's own home. This service was provided to 2% of the practice population over 18 years of age and

121 patients were on the register for the service at the time of inspection. Over the past two years, the practice had seen a 46.8% reduction in unplanned hospital admissions.

- The practice had participated in the West Riding Nursing and Residential Home pilot scheme and had continued to be part of the now mainstreamed service as part of the Wakefield Vanguard Connecting Care programme (The Vanguard programme, led by NHS England, seeks to support the development of improved health and care models and those participating will be involved in making sure residents in care homes and supported living schemes have their health and social care needs met and are helped to make use of activities in their local community). As part of the programme the practice provided two clinical sessions per week at local nursing homes, during which patient health needs were met and care plans were reviewed. As a result of interventions, the practice could evidence a 12.5% reduction in Accident and Emergency attendances, an 11.3% reduction in admissions and a 10.4% reduction in ambulance calls. This was a significant reduction and meant better outcomes for patients and better use of health resources.
- The practice worked closely with one of three local integrated care hubs as part of the Connecting Care programme. The practice was able to offer jointly delivered care or refer patients onto a range of other health and care professionals such as therapists, palliative care nurses and staff from voluntary organisations. This enabled patients to be supported by a multi-disciplinary workforce closer to home.
- The practice held monthly palliative care meetings with multi-disciplinary partners and discussed effective care planning and End of Life care issues.

### 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.



# Are services effective?

## (for example, treatment is effective)

- 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 practice required consent forms to be completed for all invasive procedures.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and alcohol consumption. Patients were either given the necessary support within the practice or signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of

82%. There was a policy to follow up patients who did not attend for their cervical screening test. We were told the practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example 60% of the practice population aged 60 to 69 years had been screened for bowel cancer in the preceding 30 months when compared to CCG and national averages of 58%.

Childhood immunisation rates for the vaccinations given were generally above the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 99% and five year olds from 98% to 100%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. They said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 88% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were either slightly above or in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Staff told us that interpreter services were available for patients who did not have English as a first language

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations, these included details of a men's group and mental health and dementia support groups.

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

## Are services caring?

Information regarding support was also available for patients who had experienced bereavement; this included a tab on the practice website dealing with what to do if a death occurs at home.

# 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.

- Pre-bookable appointments were available from 7am on most Tuesdays and Thursdays and late evening appointments were also available on certain Tuesday and Wednesday evenings up to 8pm. These extended hours were beneficial to working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and the frail elderly.
- Home visits were available for older patients and patients who would benefit from these.
- Reviews were carried out on all patients who had utilised the local Out Of Hours service.
- Same day appointments were available for those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and a lower reception desk was available for wheelchair users, a hearing loop and interpretation services were also available.
- The practice had participated in a sensory impairment audit carried out by a local voluntary group. Results of the audit had been considered by the practice and improvements implemented, these included changes made to text and colours on posters in the waiting room to aid those patients with a visual impairment, the call screen display time was extended and the television information phasing was changed from a scrolling (moving) screen to a replacement screen.
- The practice reviewed patients who had recently been discharged from hospital to assess whether they required any immediate or ongoing need.

### Access to the service

The practice regular opening times were between 8am and 6pm Monday to Friday, although the practice offered some pre-bookable extended hours. Appointments were from 8.30 to 11.10am every morning and 3.30pm to 5.30pm daily.

In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them. Nurse triage and telephone consultations were also available to patients who could not attend the surgery.

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

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 84% patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 80% patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

The majority of comments from patients were positive regarding access, although a small minority commented they had found it difficult to obtain a convenient appointment.

The practice participated in an operational resilience scheme funded by Wakefield CCG. GPs from five practices in the local network had worked on a rota basis to provide out of hours appointments which were delivered at a neighbouring practice. Access to the service was available to all patients in the five participating practices and appointments were available Monday to Friday 6.30pm to 8pm and on Saturday 9am to 3pm. The appointments were also used by the NHS 111 service.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and posters were displayed in the waiting room advising patients how to complain.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at 11 complaints received in the last 12 months and found these were appropriately handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had received a complaint from a patient who had not received

contact from the practice in relation to a blood test which indicated medication was required. The practice investigated the complaint and found it to be justified. They resolved the issue with the patient and put in place additional training and support to prevent a recurrence.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had developed a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice took an active role within its local network and participated in the local operational resilience scheme.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a quarterly basis. The PPG inputted into the practice survey and worked with the practice to improve patient services. For example, the PPG worked closely with the practice with regard to the refurbishment carried out in 2014 and have contributed to consultations in respect of podiatry and audiology services.
- The practice had gathered feedback from staff through team meetings and appraisals. Staff told us they would

# Are services well-led?

Good 

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

not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had:

- Participated in the local operational resilience scheme with four other network partners to increase patient access.
- Acted as a pilot in the West Riding Nursing and Residential Home scheme making planned visits to local nursing homes and have continued this commitment as part of the Connecting Care programme of the Wakefield Vanguard.
- Delivered an avoiding hospital admissions service.