

# Castleford Medical Practice

## Quality Report

The Health Centre  
Welbeck Street  
Castleford  
West Yorkshire  
WF10 1DP

Tel: 01977 465777

Website: [www.castlefordmedicalpractice.nhs.uk](http://www.castlefordmedicalpractice.nhs.uk)

Date of inspection visit: 08 July 2014

Date of publication: 21/10/2014

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.

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4
What people who use the service say	6
Areas for improvement	6

### Detailed findings from this inspection

Our inspection team	7
Background to Castleford Medical Practice	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9

# Summary of findings

## Overall summary

Castleford Medical Practice is located in The Health Centre, Welbeck Street, Castleford and provides primary care to 5437 patients. The practice is registered with the Care Quality Commission (CQC) to provide the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures and treatment of disease, disorder or injury.

The practice provides safe, responsive and effective care for all population groups in the area it serves.

We found a proactive approach was taken to involve and seek feedback from patients and staff. The practice is developing systems to monitor and improve the quality of service. Patients we spoke with and those who completed CQC comment cards felt supported and were treated with dignity and respect.

There are effective systems in place to ensure the service is delivered to the widest range of patients with varying levels of need. There is good collaborative working between the practice and other health and social care agencies which help to ensure patients receive good care that meets their needs.

The practice manager joined the team in May 2014 and is in the process of making sure systems, processes, policies and procedures meet current guidance and best practice. As a result procedures were not fully embedded at the time of our inspection. Improvements are needed in documentation and checks relating to medicines management and recruitment procedures.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

Overall the service was safe. There were standard operating procedures and local procedures in place to ensure any risk to patient's health and wellbeing was minimised and managed appropriately. There was a mentoring system in place for nurses which helped support safe nursing care. The practice was clean and satisfactorily maintained. Not all procedures were embedded in practice and staff were not always following them. Improvements were needed in the centralisation of documentation and checks relating to medicines management and recruitment procedures.

### **Are services effective?**

Overall the service was effective. Patients' received care and treatment in line with recognised best practice guidelines. Their needs were consistently met and referrals to secondary care were made in a timely manner. The practice worked collaboratively with other agencies to improve the service for people.

### **Are services caring?**

Overall the service was caring. The patients who responded to CQC comment cards and those we spoke with during our inspection were very complimentary about the practice. The practice had a patient participation group (PPG). A member of the PPG told us the practice was beginning to move forward. They said staff were kind and compassionate and they were treated with dignity and respect.

### **Are services responsive to people's needs?**

Overall the service was responsive. The practice was responsive when meeting patients' health needs. People had mixed views about accessing an appointment. However, everyone agreed the system had improved since the employment of a locum GP. Referrals to hospital services were made in a timely way. There was a complaints policy available in the practice and staff knew the procedure to follow should someone want to complain.

### **Are services well-led?**

Most of the service was well led. The practice was meeting people's needs in providing a service where the GP partners and nurses had specific lead responsibility for areas of care. For example, safeguarding adults and children. A proactive approach was taken to involve and seek feedback from patients and staff. There were some systems in place and the practice was improving the way it monitored the way care was provided in order to improve the service.

# 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 service made provision to ensure care for older people was safe, caring, responsive and effective. All patients over 75 have a named GP, although people told us they usually saw their GP of choice.

### People with long-term conditions

The practice nurse held weekly clinics for people with long term conditions, such as asthma and diabetes. These were supported by a clinician. Should a person not be able to attend, an appointment would be made with the nurse at a more convenient time. Those people who were unable to physically attend the practice in person, including those living in a care home, would be visited by the practice nurse. The practice had care pathways for each person and they were individualised to meet people's needs. We were told people were recalled to the practice around the time of their birthday and there were systems in place to ensure people with multiple conditions received one annual recall appointment where possible.

### Mothers, babies, children and young people

The service ensured care for mothers, babies and young people was safe, caring, responsive and effective. The practice provided family planning clinics, childhood immunisations and maternity services. There was health education information relating to these areas in the practice to keep people informed.

### The working-age population and those recently retired

The service ensured care for working age people and those recently retired was safe, caring, responsive and effective. The practice had extended their hours to facilitate attendance for patients who could not attend appointments during normal surgery hours. There was also an online booking system for appointments.

### People in vulnerable circumstances who may have poor access to primary care

The service ensured care for vulnerable people, who may have poor access to primary care was safe, caring, responsive and effective. The practice had arrangements in place for longer appointments to be made available where patients required this.

# Summary of findings

## **People experiencing poor mental health**

The service ensured care for people experiencing a mental health problem was safe, caring, responsive and effective. The practice has access to professional support such as the local mental health team and psychiatric support as appropriate.

# Summary of findings

## What people who use the service say

We received 26 completed patient CQC comment cards and spoke with seven patients on the day of our inspection. We spoke with people from different age groups, and who had varying levels of contact and varying lengths of time registered with the practice.

The patients we spoke with were complimentary about the care provided by staff; their overall friendliness and behaviour and their desire to help was mentioned. All patients said the doctors and nurses were knowledgeable about their treatment needs.

Patients reported that staff treated them with dignity and respect and always allowed them enough time - they did not feel rushed.

## Areas for improvement

### Action the service **SHOULD** take to improve

- The practice had a recruitment policy in place, however it was not clear which staff members would be subject to a Disclosure and Barring Service (DBS) check prior to employment.
- The practice held regular internal safeguarding meetings, however the minutes did not contain sufficient detail to see what concerns had been raised and the action taken where appropriate.
- The practice had a computerised process in place for recording and information relating to expiry dates and re ordering of medicines e.g. vaccines and anaphylactic emergency medicines. However not all

appropriate staff had access to this information; and we also found the practice did not have an explicit procedure for the disposal of vaccines when no longer in date.

- The practice recorded a daily check of emergency equipment and medication. However the details of what was checked had not been recorded. We found some of the disposable equipment was out of date and the oxygen mask packaging had been opened.
- Medication stocks were stored in a locked store cupboard. The practice nurse held the keys to access this. The practice should consider ensuring all relevant staff has access to the medication stock cupboard.

# Castleford Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC inspector. The team included a second CQC inspector, a GP, a practice manager and an expert by experience.

### Background to Castleford Medical Practice

Castleford Medical Practice is located in The Health Centre, Welbeck Street, Castleford.

The practice has three general practitioner (GP) partners; one female and two males, a practice manager, three nurses, a health care assistant and administration/reception staff. The practice has close working relationships with community nurses and they meet with the Health Visitor regularly.

Surgery times are Monday, Thursday, Friday 8am – 6.30pm and Tuesday, Wednesday 8am – 8pm. When the practice is not open, out of hours cover is provided by West Yorkshire Urgent Care.

In addition to the general GP services, the practice offer a range of specialist clinics/services and these include: Antenatal/postnatal – maternity services, well baby clinics, cervical screening/family planning, sexual health, and diabetes/insulin clinics.

### Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

### How we carried out this inspection

Before visiting Castleford Medical Practice, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We asked the surgery to provide a range of policies and procedures and other relevant information before the inspection to allow us to have a full picture of the surgery.

We carried out an announced inspection visit on 08 July 2014. During our inspection we spoke with a range of staff including GP's, practice manager, practice nurses, and administration and reception staff.

We spoke with three patients who used the service and four members of the Patient Participation Group (PPG). A PPG is made up of a group of volunteer patients who meet to discuss the services provided by the practice. We talked with carers and/or family members and reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

# Detailed findings

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

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems



# Are services safe?

## Our findings

Overall the service was safe. There were standard operating procedures and local procedures in place to ensure any risk to patient's health and wellbeing was minimised and managed appropriately. There was a mentoring system in place for nurses which helped support safe nursing care. The practice was clean and satisfactorily maintained. Not all procedures were embedded in practice and staff were not always following them. Improvements were needed in the centralisation of documentation and checks relating to medicines management and recruitment procedures.

### Safe patient care

Information from the quality and outcomes framework, which is a national performance measurement tool, showed that in 2012-2013 the practice was appropriately identifying and reporting incidents.

There were policies and protocols for safeguarding vulnerable adults and children. Any concerns regarding the safeguarding of patients were passed onto the relevant authority.

A nurse who was recruited at the end of last year, told us they had a mentor who met with them regularly to discuss concerns and reflect on their practice. In addition to this, another nurse told us the nurses and health care assistant met regularly to discuss incidents, updates and reflect on practice. We saw a record of the nurses meeting minutes and they were kept in a hand written, hard backed book. The nurses said they felt supported to discuss any issues with the GP who was the safeguarding lead for the practice and this had a positive impact on the care they provided.

The practice had a complaints procedure which had been reviewed in June 2014. The information was available in reception in the form of a complaints leaflet, together with a concerns and comments box.

Staff spoken with and records seen confirmed they had received training in medical emergencies including resuscitation techniques. All staff were trained to a minimum of basic life support.

### Learning from incidents

We reviewed how the practice managed serious or significant incidents. Records showed the system in place was managed in line with guidance issued by the national patient safety agency. There were up to date policies and protocols in place, these had been reviewed in June 2014.

There had been three reported incidents between 2013/2014 and since April 2014 one. We saw evidence investigations had taken place in relation to incidents; staff were aware of these and told us how practice had changed as a result of the investigations. We also saw minutes of clinical staff meetings and although the information was brief, these confirmed incidents were discussed and learning was shared with relevant staff.

### Safeguarding

We saw a proactive approach to safeguarding was followed by the GP safeguarding lead and referrals were made to the appropriate safeguarding agencies. Staff had received safeguarding training relevant to their role and this included vulnerable adults and children training. They were aware of when and who to report any concerns to and felt there was effective communication with the community nursing teams. Systems were in place within the electronic patient records to alert staff where concerns arose and when vulnerable adults or children failed to attend appointments.

Monthly meetings occurred where safeguarding concerns were raised and discussed by the local multi-disciplinary team which included health visitors and GP's. We looked at minutes of these meetings. The notes ensured patient anonymity. However, it was not clear what lessons or actions were taken as a result of the discussion.

### Monitoring safety and responding to risk

The practice had developed clear lines of accountability for patient care and treatment. The GP's, nurses and practice manager had lead roles such as safeguarding lead, medicine management lead and infection control lead. Each lead had systems for keeping staff informed and ensuring they were using the latest guidance. For example, the practice manager received safety alerts, circulated them to staff and relevant changes were made to protocols and procedures within the practice. The practice manager and staff also told us the alerts were discussed at staff meetings where the information was re-enforced.

# Are services safe?

Areas of individual risk were identified. Posters relating to safeguarding and violence/ aggression were displayed and staff had received conflict resolution training.

The appointment systems allowed for a responsive approach to risk management. For example, we were told by staff and saw information in the practice leaflet that appointments were reserved each day for “On the day” emergencies. We were told everyone was seen on the day who presented as an emergency and that one of the GP’s was responsible for monitoring the system.

## Medicines management

The lead GP prescriber for medicines had meetings at the practice with a representative from the Wakefield CCG Medicines Optimisation Team. This ensured the practice followed good practice guidance, published by the Royal Pharmaceutical society. This person completed a CQC feedback form and recorded that the staff knew their role and referred to them for prescribing advice. Work continued to be done with practices in the Wakefield area to reduce prescribing of Ibuprofen and Naproxen (non-steroidal anti-inflammatory drugs); the practice showed improvement in relation to last year’s figures, from 74% to 72.4%.

The practice did not have any controlled drugs. We saw emergency equipment was available in the surgery and this included emergency medicines. We found extra stock of emergency medicines were stored in a locked cupboard. They were in date and the keys were held by the practice nurse. Staff were recording daily checks of the equipment/ medication. However, there was no list to show what equipment/medication had been checked and what equipment/medication should have been available for use; this included adrenaline. We also found some of the disposable equipment was out of date and the oxygen mask packaging had been opened.

Vaccines were stored in a locked refrigerator. Staff told us the procedure was to check the refrigerator temperature every day and ensure the vaccines were in date and stored at the correct temperature. We were shown hand written documentation of the temperature recordings and the time of day they were checked. The desired refrigerator temperature for storage was maintained. However, the records were not always completed daily.

The nurse also showed us computer held records used for monitoring the expiry date of vaccines and other

medicines. Additionally, we found out of date vaccines in one of the refrigerators. The nurse told us the staff that used the vaccines were aware of the out of date stock and told us it would be destroyed. The practice did not have an explicit procedure for the disposal of vaccines when no longer in date.

There were standard operating procedures (SOP) for using certain drugs and equipment. The nurses used patient group directives (PGD). PGDs are specific written instructions which allowed some registered health professionals to supply and/or administer a specified medicine to a predefined group of patients, without them having to see a doctor for treatment with for example, flu vaccines and holiday immunisations. PGD’s ensure all clinical staff follow the same procedures. We were also informed by the nurse that the staff who administered these drugs had received training and we saw the computerised training log of the date the training was attended.

We were also made aware a consultant had arranged to visit the surgery the week of our visit to review patients with atrial fibrillation who need anticoagulation therapy.

We saw on the practice web site and practice leaflet that patients could request repeat prescriptions either on line, by telephone or in person and the practice had a dedicated telephone number specifically for ordering repeat prescriptions.

When changes are requested to patients’ prescriptions by other health professionals, such as NHS consultants, and/ or following hospital discharge, the practice had a system for ensuring these changes were carried out in a timely manner. Additionally there was a protocol for patients requesting repeat prescriptions and staff were aware of current practice. However, the protocol was last reviewed in 2011. The practice manager told us they had recently joined the practice and were currently reviewing and updating the practice policies and procedures. We saw several policies and noted they had been updated during the month of June 2014.

## Cleanliness and infection control

The practice was visibly clean. They had an infection control lead and an infection prevention and control policy (IPC). We saw evidence staff had training in IPC and

# Are services safe?

Infection control equipment was available for staff use. For example, spillage kits (to enable staff to appropriately deal with any spillage of body fluids,) sharps bins, aprons, gloves and hand sanitizer and we saw hand washing guidance.

The practice had procedures in place for the safe storage and disposal of needles and waste products.

We were informed the premises were owned by the CCG and they were looking for new premises for the practice. We were also informed that the CCG employed an external contractor for the cleaning of the premises. We saw the trust infection control nurse had undertaken an inspection of the premises in 2012 and had written a report and action plan following their inspection. They requested the practice audit the cleaning schedules to ensure the cleaning was taking place. Staff were not aware cleaning audits had taken place and there were no audits of the cleaning available at the time of the inspection.

## Staffing and recruitment

There had been a very low turnover of staff and the majority of staff had been employed for a number of years.

The practice had a recruitment policy which had been reviewed in June 2014. The practice did not include in the policy their criteria for who should or should not have a Disclosure and Barring Service (DBS) check. We spoke with a practice nurse who had been employed since the practice registered with CQC and they told us they had a DBS check prior to starting work at the practice and there was evidence of this in their recruitment records. The practice manager told us they had completed the documentation for their DBS check but found it had not been sent for checking. (Following the inspection the practice manager confirmed the DBS check had been sent.) With the exception of the practice manager not having had the DBS check, all other recruitment documentation and checks had been undertaken for the newly appointed manager.

All staff had their clinical qualifications checked on an annual basis and one of the nurses showed us their records to confirm this had taken place.

There were three GP partners and the practice was advertising for a fourth. In the interim a locum was employed to work the extra vacant sessions. The administration staff said they were flexible and they all helped out when necessary by sharing the workload and covering for each other's shifts.

## Dealing with Emergencies

One of the staff was trained as the practice first aider. Additionally the practice ensured all staff received annual cardiopulmonary resuscitation (CPR) training and staff we spoke with told us they had recently had their update training. Emergency medicines and equipment were accessible to staff and systems were in place to alert GP's and nurses in the event of an emergency.

The practice manager who had recently joined the service was updating policies and procedures to reflect current guidance. We were informed the practice manager and the GP's were developing the business continuity plan for the practice. The plan would include the practice management plans for dealing with potential foreseeable risks. This would ensure systems were in place to safely respond and monitor the safety and effectiveness of the service in the event of an incident to reduce the risk of people who used the service and staff coming to harm.

## Equipment

We saw equipment was available to meet the needs of the practice and this included: a defibrillator and oxygen which were readily available for use in a medical emergency and they were checked each day to ensure they were in working order.

We saw that equipment had up to date portable appliance tests (PAT) completed and systems were in place for routine servicing and calibration of equipment where required. The sample of portable electrical equipment we inspected had date stickers on them showing the last time they were tested; each one inspected was in date.

# Are services effective?

(for example, treatment is effective)

## Our findings

Overall the service was effective. Patients' received care and treatment in line with recognised best practice guidelines. Their needs were consistently met and referrals to secondary care were made in a timely manner. The practice worked collaboratively with other agencies to improve the service for people.

### Promoting best practice

We found care and treatment was delivered in line with recognised guidance, standards and best practice. For example, the practice nurse told us they used National Institute for Health and Care Excellence (NICE) quality standards and best practice in the management of conditions such as diabetes and hypertension. We saw The British Thoracic Society (BTS) guidelines were used in the treatment and management of asthma.

We were also told by the practice manager that the practice was registered for monthly NICE guidance and 'What's new' updates. They said one of the GP's received the updates and circulated them to the other GP's and nurses in the practice. The practice nurse told us the guidance was circulated by the GP and the nurses discussed them at their meetings.

From our discussions we found GP's and nurses were aware of the latest best practice guidelines and incorporated this into their day-to-day practices. Protocols from the local NHS trust were available and used to assist staff in maintaining the treatment plans of their patients.

The practice manager told us they were reviewing the practice policies and procedures. They said they ensured their protocols were based on current guidance and best practice. We saw policies were kept on the computerised 'Intradoc' system and hard copies for staff to view in a folder which was available to all staff.

### Management, monitoring and improving outcomes for people

We found there were mechanisms in place to monitor the performance of the practice and the clinician's adherence with best practice to improve outcomes for people. For example, with support from the Wakefield CCG Medicines Optimisation Team, the medicine lead GP monitored prescriptions to ensure the practice were using the most appropriate medication and following good practice guidance, published by the Royal Pharmaceutical society.

The General Practice High Level Indicators (GPHLI), (a tool developed by the Department of Health analytical team in conjunction with NHS England and a national reference group) showed in relation to Cephalosporin's and Quinolones (antibiotics) prescribing 2012-13 data, the practice scored 13.5% in comparison to the national average of 6.5%. However, prior to the inspection, the Clinical Commissioning Group (CCG) updated the data and information showed the prescribing of this medication had been reduced to 2% in 2013-14. This was a significant improvement showing that the practice is prescribing less antibiotic treatment.

The monitoring mechanisms ensured the team made effective use of clinical supervision and staff meetings to assess the performance of clinical staff. Appraisals were up to date for all staff. These included the GP's having clinical supervision to assess performance and staff meetings to ensure consistency within the practice. We found that staff raised and shared concerns, incidents were reflected upon and learning took place to improve the outcomes for people.

The practice nurses told us and we saw on the computerised system, they carried out monthly monitoring of patients taking 'high risk drugs' to ensure they received their recalls to the practice. This included disease-modifying anti-rheumatic drugs (DMARDs) and Thyroxin. Abnormal blood test recalls were also followed up monthly and action taken where appropriate in consultation with the lead GP.

The practice nurse showed us the use of their standardised care plan templates for patients with Long Term Conditions. This supported the practice nurses to agree and set goals with patients and monitor their treatment and care.

### Staffing

Staff told us they received an appraisal each year. They told us they discussed areas for their development and training relevant to their job role. Additionally, information provided by the practice manager prior to inspection and through reviewing documentation at inspection, showed they had arranged for one to one meetings with the admin staff to take place every two months.

Staff told us each month the practice had dedicated protected learning time which they referred to as Time for

# Are services effective?

## (for example, treatment is effective)

Audit, Review Guidelines Education and Training 'TARGET' days. For example, one person told us they had recently attended training which was by an external provider, on their job role.

All staff had attended mandatory training and training relevant to their role. We looked at three staff files and the training they had attended included, fire safety, vulnerable adults and children safeguarding training, infection control, basic life support, and health and safety.

The practice manager, who had recently joined the practice (in May 2014,) told us they were in the process of updating the practices' processes and systems. They had plans to standardise the records and these included: staff recruitment, induction, appraisals and training record files to provide an accessible consistent approach to the service; which could be monitored. Ensuring staff were up to date with practices and fully supported in their roles.

Staff told us there was sufficient staff employed by the practice when no one was on annual leave or on sick leave. However, cover for leave is a difficulty that is being addressed by the new practice manager. The practice manager told us they were reviewing the rotas to include cover for planned leave. The practice was in the process of recruiting a GP and in the interim a locum had been employed. Staff told us the recruitment of the locum had assisted in more appointments being available for patients at the practice and assisted in covering when the GP's were on leave.

### Working with other services

The practice regularly worked with other health and social care providers and professional bodies to co-ordinate care to meet patient's needs. These included monthly meetings with The Primary Health Care Team. Those present at the meetings included: GP's, practice manager, practice nurses, community matron, district nurses, health visitors, MacMillan nurse and social workers and school nurses. We saw minutes of these meetings and they showed who had been present. They did not always record in sufficient detail the information discussed and action taken where appropriate.

A consultant and a nurse specialising in diabetes and employed by the Wakefield hospital trust visited the practice and held separate clinics approximately eight

times a year. The practice worked closely with these specialists to identify patients who needed a referral to them and this ensured patients were seen by the right person in a timely way.

The practice manager told us they worked with four other GP practices in the area in a group called Network 1. The practice manager said they attended monthly meetings with the group and together with a public health officer were looking at health inequalities.

The practice was supported with the out of hour's provision from West Yorkshire Urgent Care service. This assisted with patients who could not access appointments during usual surgery hours to obtain GP treatment. Following the patient use of the service one of the GP's at the practice reviewed any correspondence from them. This ensured the practice was aware of any treatment that had taken place and if any follow up care was needed.

### Health, promotion and prevention

All new patients received a 'New Patient Registration Pack' when joining the practice. In addition to asking patients for their history, it gave health education advice and support on topics such as drinking alcohol and what was sensible drinking.

The practice nurses were responsible for the recall, monitoring and health education for people with long term conditions (LTC) and these included conditions such as diabetes and hypertension. They had a clear understanding of the number and prevalence of conditions being managed by the practice. They told us how they recalled patients with these conditions (usually on a date following their birthday or more regularly if required,) and they ensured no one missed being sent a follow up review. Patients with more than one LTC were usually offered one recall appointment and the appointment time was longer to improve the patient experience.

One of the clerical/reception staff was responsible for ensuring the health promotion leaflets in the practice waiting room, were up to date. We saw a variety of information available such as holiday vaccinations. They also ensured there was a variety of information, including local incentives taking place. The practice also had a 'Summers Newsletter' which reminded staff of the services available including holiday vaccinations, future flu clinics and news.

# Are services effective?

(for example, treatment is effective)

Well women clinics were held and these included cervical cytology screening.



# Are services caring?

## Our findings

Overall the service was caring. The patients who responded to CQC comment cards and those we spoke with during our inspection were very complimentary about the practice. The practice had a patient participation group (PPG). A member of the PPG told us the practice was beginning to move forward. They said staff were kind and compassionate and they were treated with dignity and respect.

We spoke with three patients who used the service and four members who used the service and were part of the Patient Participation Group (PPG). We reviewed 26 CQC comment cards where patients and members of the public shared their views and experiences of the service.

### **Respect, dignity, compassion and empathy**

Staff told us when they were interviewed to work at the practice and had their induction training the importance of confidentiality and treating patients with dignity and respect was explained. The practice had a consulting room should patients wish to speak in private with a member of staff. All consulting rooms were private and patients told us their privacy and dignity was always respected.

In the practice waiting room and consulting rooms we saw posters offering the use of a chaperone during consultations and examinations. Staff told us they always asked if patients would like to have a chaperone during an examination. We were shown a patients notes where it stated a chaperone had been used. Patients we spoke with also told us they were aware of the chaperone system in use. One person told us they had declined the offer of a chaperone and asked to see the female GP instead.

Representatives from the PPG told us they had been invited to be part of the group two years ago but nothing really happened. They said when the new practice manager came in May 2014; they contacted people and suggested it was time to reform the group. One person told us they felt the practice was beginning to get up to date. Other people told us the doctors were wonderful and did not talk down to them. Without exception all the PPG told us the staff were kind and compassionate and treated people with respect.

Other feedback from patients included: When one person came to the practice in pain they were taken into a private consulting room and a member of staff stayed with them.

They were then seen ahead of their appointment time. They said they had always been asked for their consent prior to examination and an explanation given. They said they had a chance to ask questions during a consultation; everything was explained, including health benefit and concerns; If they wished to talk about a couple of issues at a consultation they would book a double appointment. They told us they had not felt rushed. Another person told us their GP gives them time to talk and they listen. They told us when they book an appointment, if they need more time to talk with the GP, they are asked if they would mind waiting and are seen at the end of surgery.

We also saw on the practice website and in the practice waiting room, information about 'Carers Direct' and the support available for carers. The practice staff told us they encouraged patients who were carers to let them know; as they had a designated person who was responsible for keeping carers information up to date. Staff told us when a carer wished to visit the practice, consideration was taken when making their appointment regarding their caring duties.

We saw information in the practice and on their website about what to do 'In Times of Bereavement' Staff also told us the practice had information about contacting support and counselling services when needed.

We found advocacy services were available and although patients told us they were aware of them, they had not had to access the services.

### **Involvement in decisions and consent**

During our inspection we spoke with seven patients. They told us they felt involved in their care and treatment and were listened to. They told us the doctors and nurses explained things to them in a way they understood and they were involved in decisions about their care.

The nurses and GP's confirmed their understanding of the Mental Capacity Act (2005) and the Children Act (1989) and (2004) and had previously received training. One of the GP's told us they had identified further training was needed; which would include consent and they would be arranging dates.

We spoke with the GP's and practice nurses about consent. We saw a consent form was used for patients having proposed treatments and the documentation included the use of an interpreter where appropriate. Clinical staff were able to confirm how to make 'best interest' decisions for

## Are services caring?

people who lacked capacity and how to seek appropriate approval for treatments such as vaccinations from children's legal guardian. They also spoke with confidence about Gillick competency assessments of children and young people. This is to check whether these patients have the maturity (at age 16yrs or younger) to make decisions about their treatment. The clinical staff understood the principles of gaining consent, including issues relating to capacity.

Patients told us they have been involved in decisions about their care and treatment. They told us their treatment was fully explained to them and they understood the information before giving consent.

The patients we spoke with confirmed their consent was always sought and obtained before any examinations took place and this include consent to share records.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Overall the service was responsive. The practice was responsive when meeting patients' health needs. People had mixed views about accessing an appointment. However, everyone agreed the system had improved since the employment of a locum GP. Referrals to hospital services were made in a timely way. There was a complaints policy available in the practice and staff knew the procedure to follow should someone want to complain.

### Responding to and meeting people's needs

The practice was located in a building owned by Wakefield CCG and they were looking to find more suitable accommodation.

Although the practice did not have their own access to the building for patients with mobility difficulties, they had an arrangement with the attached pharmacy to gain access through their building. There were toilets for patient use and this included a larger toilet for patients with mobility difficulties.

Patients attending the practice could alert staff of their arrival by registering on an electronic touch screen monitor situated in the waiting room or by notifying the staff at the desk.

Hearing loops were installed at the reception desk for patients with hearing aids. We also saw the practice leaflet and other information was available in large print.

We saw on the practice website they had a number of staff who could speak different languages (to assist patients whose first language was not English). For example, Hindi, Nepali and Urdu. We were told patients could bring a representative with them to translate and the staff knew how to access telephone translation services. This information was advertised in the practice and the patients we spoke with told us they were aware.

The practice worked with other specialist and had 'pathways' to follow which ensured patients received advice and were referred in a timely way. The pathways included a diabetes foot pathway, a retinal screening pathway for new diabetics and there were plans to introducing a chronic kidney pathway. This had stopped people from having to travel for these services.

We were told by staff that patients with immediate, or life-limiting needs, were discussed at the monthly

multi-professional clinical meetings. This ensured the professionals were up to date with any changes to patient's treatments and the patients received timely up to date care that met their needs.

### Access to the service

The surgery opening times were detailed in the practice leaflet which was available in the patient waiting room and on their website. The practice had extended surgery hours on a Tuesday and Wednesday from 8am to 8pm to facilitate patients who could not attend during normal surgery hours. A range of appointments were available which patients could access by booking on line, telephoning the surgery, attending in person or asking for a telephone consultation. Staff told us emergency, same day appointments were always available with a GP who was supported by a practice nurse. Home visits were also available. We were told one of the GP's monitored the appointment system and patient access.

Some patients told us they had experienced problems when booking routine appointments and in some instances the waiting time had been two weeks. Other patients said they had noticed the access to the appointment system had improved since the employment of a locum GP. Other patients told us they had never had an issue in getting an appointment and when they had needed to be seen in an emergency, they had been seen the same day. One patient told us they had not experienced any problems in seeing a GP, however if they wished to see a specific GP it could take a few days.

The 'Choose and book' system was available for booking some NHS hospital appointments and patients told us an appointment was usually booked before they left the surgery. Choose and Book is an electronic referral service which gives patients a choice of place, date and time for their first outpatient's appointment at a hospital or clinic.

Repeat prescriptions were available to re-order either on-line, in person or by telephone and information relating to this was available in the practice leaflet and on their website.

### Concerns and complaints

The practice had a complaints procedure which had been reviewed in June 2014 and a complaints leaflet which outlined the process for reporting and investigating complaints. There was also a suggestion box located in

# Are services responsive to people's needs?

(for example, to feedback?)

reception. The practice manager and staff explained the procedure to us. This included, the action they should take if someone wished to make a complaint and also included the use of an advocate where needed.

We found the practice had received one complaint this financial year. However, following investigation it had turned out to be an incident and therefore not counted within the number of complaints received.

The practice manager, who had recently been appointed, told us any complaints or concerns received would be fully investigated. We were also informed by the practice manager and staff, all complaints would be shared at their practice meeting. This would include the action taken and learning for the practice.

All patients we spoke with are aware of the process to follow should they wish to make a complaint.

# Are services well-led?

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

## Our findings

The service was well led. The practice was meeting people's needs in providing a service where the GP partners and nurses had specific lead responsibility for areas of care. For example, safeguarding adults and children. A proactive approach was taken to involve and seek feedback from patients and staff. There were some systems in place and the practice was improving the way it monitored the way care was provided in order to improve the service.

### Leadership and culture

We were told by staff there was an established management structure with allocation of responsibilities and they were aware who had lead roles in areas such as safeguarding and infection control. Management systems were in place and understood by the staff we spoke with.

There were mixed messages about the leadership and culture of the practice. Although staff told us they felt supported by the GP's and encouraged to suggest improvements for the practice, they also told us this was not their experience of all of the GP's.

Staff spoke positively and passionately about the practice and how they worked collaboratively with colleagues and health care professionals.

Regular practice meetings were held; the doctors met weekly with the practice manager to discuss the running of the practice and 'practice matters.' The doctors met weekly with the practice nurses and practice manager; nurse meetings were held weekly; practice administration meetings were weekly; there were monthly meetings which involved all members of the practice staff; administration staff had monthly one to one meetings with the practice manager and multidisciplinary meetings were held on a monthly basis. This ensured staff were supported, kept up to date with changes in the practice and helped to ensure a consistent approach to patient care.

### Governance arrangements

One of the partner GPs is the governance lead. They engaged with the local Clinical Commissioning Group (CCG) on a regular basis to discuss current performance issues and how to adapt the service to meet the demands of local people. They also met with the CCG Medicines Optimisation Team; working together to ensure the practice followed good practice guidance in meeting

people's needs. This had contributed to improvements in practice. As noted earlier, the practice had succeeded in significantly reducing the rate of antibiotic prescription provision from 2012-13 compared with 2013-14.

Information received from the Wakefield CCG showed the practice was rated as 'Tending towards better than expected' with regard to staff receiving training on information and governance requirements.

The practice manager who had recently joined the service could not locate the staff training matrix. However, the staff we spoke with were able to show us manually the training they had attended and this included mandatory training and training to carry out their role.

### Systems to monitor and improve quality and improvement

The practice had a lead GP responsible for carrying out clinical audits and the areas looked at last year included cervical screening. They told us they had planned three for this year which included medication.

We saw evidence the practice manager had reviewed a large number of policies and procedures since their appointment in May 2014. They told us they would continue to do this until they were all up to date and in line with best practice guidance.

Data collected for the Quality and Outcomes Framework (QOF) had been used to monitor patient outcomes.

We saw there had been one significant event in the previous financial year. All staff we spoke with were aware of the incident which had involved a patient not having had a recall for a cervical smear. Staff told us of the action they had taken to ensure a similar situation does not occur. They also told us the incident was discussed at the practice meeting and staff were updated about the learning which had taken place and the changes made to procedures and practice.

### Patient experience and involvement

The Patient Participation Group (PPG) had recently been re-established by the practice manager and was actively encouraged by the GP's. They were looking forward to focusing on developing the practice and provide a patient led service, which looked to continuously improve the service being offered. A representative from the PPG told us they felt the practice was beginning to 'Get up to date.'

# Are services well-led?

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

A practice newsletter had recently been published with a view to keeping people involved and up to date with events and changes at the practice.

We received 26 completed CQC comment cards from patients and visitors to the practice. The feedback was positive. Patients commented upon the very good and friendly service; staff who were knowledgeable and always treated them with dignity and respect; and the professionalism of the staff.

## **Staff engagement and involvement**

Staff regularly attended practice meetings and this included monthly 'protected time' which enabled the staff team to be updated on new information, incidents and learning, and be involved in the development of the practice.

Staff were engaged and committed to providing positive outcomes for patients. They spoke passionately about their roles and how they were supported to give patients the best care possible.

Staff told us they were confident they could raise any issues with the practice manager or clinical lead GP and it would be dealt with in an appropriate manner. They also told us how they worked well as a team and supported each other when needed.

## **Learning and improvement**

The practice had monthly 'protected time' which enabled both team and individual learning and improve performance.

We saw all staff had completed mandatory training. The practice was committed to on-going education, learning and individual development of people who worked there. The training was completed in line with national expectations as well as those of the local CCG. We saw examples of individual learning and appraisal records and timetables of one to one supervision meetings for staff.

## **Identification and management of risk**

A system was in place to respond to safety alerts from external sources which may have implications or risk for the practice. These included NHS England, Medicines and Healthcare Products Regulatory Agency (MHRA) and National Patient Safety Agency (NPSA). Staff were informed individually of the alerts and the information was re-enforced in meetings.

Significant adverse events (SAE) were reviewed and learning and action points were discussed at practice meetings. One had taken place this financial year. Staff confirmed the incident had been investigated, learning shared and action taken to ensure a similar situation would not occur.