

# Trinity Medical Centre

## Inspection report

Thornhill Street  
Wakefield  
West Yorkshire  
WF1 1PG

Date of inspection visit: 8 August 2018 to 8 August 2018  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** The current practice had formed in 2017 after the merger of two previously individual services The Almshouse Surgery and The Grove Surgery. These had been inspected on 8 September 2015 and 15 September 2015 respectively and had been both rated as Good overall. There was continuity of staffing between the previous providers and the current provider.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Trinity Medical Centre on 8 August 2018 as part of our inspection programme for newly registered providers.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw one area of outstanding practice:

- The practice had worked at both Federation and Confederation level to develop a telephone triage service. This was used to assess requests for same day appointments and home visits. We saw evidence that these developments had made significant workforce efficiency savings and prioritised services according to assessed need.

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

- Review and improve assurance that medication reviews were being undertaken in line with the practice service policy.
- Review and improve assurance in respect to confirming the immunity status of appropriate staff in relation to measles, mumps and rubella, and chickenpox.
- Review and improve the fixing cords to window blinds securely to prevent entanglement.
- Review and improve patient confidentiality at the reception desk at the main Trinity Medical Centre site.
- Review and improve the identification and recording of patients who acted as carers for others.
- Review and improve the appraisal process to ensure staff receive these on a regular basis.

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

## Population group ratings

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

## Our inspection team

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

## Background to Trinity Medical Centre

Trinity Medical Centre is located on Thornhill Street, Wakefield, West Yorkshire, WF1 1PG. The practice also operates a branch surgery which is located at Sandal Castle Medical Centre, Asdale Road, Sandal, Wakefield WF2 7JE. It currently provides services for around 23,000 patients. The practice is a member of the NHS Wakefield Clinical Commissioning Group (CCG).

The main medical centre operates from a purpose designed building within Wakefield town centre. The building is accessible for those with a physical disability or other mobility issues. The practice has controlled on-site parking available for patients. The branch surgery is located in a purpose designed building, is in good overall condition and is accessible for those with a disability or mobility issues.

The practice serves a large urban population within Wakefield. The practice has a relatively low prevalence of patients with long-term conditions with 42% of patients reporting that they had a long-standing health condition compared to the CCG average of 57% and the England average of 54%. The population age profile shows that it is comparable to the CCG and England averages for those over 65 years old (16% compared to the CCG average of 18% and England average of 17%). Average life expectancy for the practice population is 78 years for males and 82 years for females (CCG average is 78 years

and 82 years respectively and the England average is 79 years and 83 years respectively). The practice serves some areas of higher than average deprivation being ranked in the fourth most deprived decile (with the first decile being the most deprived and the tenth decile being the least deprived). The practice serves a predominantly White British population; however, the patient profile shows around 12% of patients as being of black and minority ethnic origin.

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

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Dementia support
- Minor surgery
- Learning disability support

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including asthma, chronic obstructive pulmonary disease, diabetes, heart disease and hypertension.

The practice is registered with the Care Quality Commission to provide:

- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely
- Maternity and midwifery services
- Surgical procedures
- Family planning
- Treatment of disease, disorder or injury

The practice is accredited as a teaching and training practice.

The practice is part of Trinity Care, an in-hours triage, advice and appointment booking service for same day appointments and home visit requests. The triage service runs from Trinity Medical Centre and covers patients registered its own and four other local GP practices.

During the day anyone asking for a same day appointment or home visit at any of the participating practices is placed on a triage list and is called back by an experienced triage nurse who makes an assessment of their symptoms and determines the most appropriate care. This may involve a same day GP or nurse appointment, an appointment with another associated health professional such as a physiotherapist, or advice on self-treatment. Appointments are made for patients at their own GP practice. There are approximately 3,800 calls to Trinity Care per month (around 2,700 of these calls are for Trinity Medical Centre). The main resultant outcomes from these calls across the five sites are:

- Same day GP appointment
- Same day nurse practitioner appointment
- Self-care advice
- Home visit
- GP routine appointment

In addition, Trinity Medical Centre provides call handling, triage and booking services for GP Care Wakefield the local extended and weekend hours service operating a confederation level across the NHS Wakefield CCG area. This service operates from Monday to Friday 6pm to 10pm and on Saturday, Sunday and Bank Holidays from

9am to 3pm. Appointments made with clinicians as part of this service are held in accommodation within Trinity Medical Centre and at another site within the locality. Services delivered by Trinity Medical Centre for GP Care Wakefield fall outside the scope of the 8 August 2018 inspection.

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

The practice has ten GP partners (five male and five female) and five salaried GPs (all female). In addition, permanent staff include two advanced nurse practitioners (both female), eight practice nurses (one male and seven female), 16 triage nurses (all female) and five health care assistants (all female). Finally, a pharmacist (post currently vacant) and a pharmacy assistant (female) makes up the clinical team. Clinicians are supported by one practice manager, three junior managers and an extensive reception and administration team which includes apprentice posts.

The practice appointments include:

- Pre-bookable appointments
- Urgent and on the day appointments
- Telephone consultations and telephone triage
- Home visits

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

Practice opening times are:

Trinity Medical Centre

- Monday to Friday 8am to 6.30pm.
- Saturday 9am to 1pm for pre-booked appointments

Sandal Castle Medical Centre

- Monday to Friday 8am to 6pm.

Extended hours care and weekend appointments are provided by GP Care Wakefield and out of hours services by Local Care Direct Limited and NHS111.

# Are services safe?

**We rated the practice as Good for providing safe services.**

## Safety systems and processes

The practice generally had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones (a chaperone is a person who serves as a witness for both a patient and a clinician as a safeguard for both parties during a medical examination or procedure) were trained for their role and had received a 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.) We were informed that whenever chaperones were offered and/or used that this was noted in the patient record. In addition, chaperones themselves recorded their attendance during the appointment.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control and we saw that areas of non-audit compliance had either been acted upon or were planned to be actioned.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.
- The practice had in place systems in place to monitor the quality and safety of telephone triage calls. This included detailed monitoring and feedback forms, and a process to support new triage nurses.
- The provider had not checked or recorded the immunity status of applicable staff with regard to measles, mumps and rubella, and chickenpox.

- Cord loops to window blinds in some public access rooms had not been effectively secured to the wall so as to reduce the risk of entanglement.

## Risks to patients

There some systems in place to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for new and temporary staff tailored to their role. In addition, we saw that registrars and students who received training and placements at the practice were well supported and that salaried GPs were allocated a GP partner as a mentor to give them necessary support, advice and supervision.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- Staff on duty including the duty doctor, manager and reception staff held a daily team meeting (huddle) when they were able to discuss operational issues for the day.
- The practice had a system in place for the receipt, assessment and subsequent actioning of medical safety alerts. Alerts were distributed to clinical staff via email, although it was noted that these did not have read receipts attached. Alerts however, were discussed at team meetings which were minuted.

## Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. The practice had developed a referral protocol for clinicians and secretaries which highlighted procedures.

### Appropriate and safe use of medicines

The practice has some systems in place for the appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. We saw that guidance notes had been produced in-house which outlined the monitoring of vaccine refrigerators.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial management in line with local and national guidance.
- There was only limited assurance in place that medication reviews were being carried out in line with practice policy in all cases. We discussed this with the practice who informed us that the process was still being fully embedded following the recent merger and the introduction of revised processes.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements. We saw that incidents were discussed at team meetings and dedicated health and safety meetings.
- When checking the doctors' bags, it was noted that these did not contain sharps containers. The practice told us they would add these to the doctors' bags for future use.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**We rated the practice as Good for providing effective services overall and across all population groups.**

## Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The triage telephone system in operation within the practice and for four other practices was effectively monitored for both safety and quality. Triage nurse calls were routinely audited and measures put in place to improve outcomes when issues were identified.
- Updates and changes to guidelines were implemented by clinicians and were discussed at team meetings.
- The practice used the in-house pharmacist to monitor prescribing statistics and fed this back regularly to staff to improve performance. We saw that prescribing was in-line with local and national levels.

## Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

## People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- The practice carried out medication reviews of patients with specific needs, these included patient's polypharmacy reviews of patients on eight or more medications. There was however only limited assurance in place that medication reviews were being carried out in line with practice policy in all cases.
- Staff who were responsible for reviews of patients with long term conditions had received specific training to support this work.
- We saw that the practice had achieved 100% performance for the achievement of care planning against a local CCG contract (Care plans set out how the care and support needs of a patient will be met, this often involves joint working with social care providers and other stakeholders).
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was in line local and national averages.
- The practice offered atrial fibrillation screening to patients who attended chronic disease clinics (atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate and is associated with strokes and other health conditions). In addition to this screening the practice was beginning a programme which offered all men with a CHADSVASC score of one or over anticoagulation medicines to reduce the risk of stroke (scores are a clinical prediction for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation). Usually anticoagulation is offered to those with a score of two or over. This programme will be part of the future Wakefield Healthy Hearts programme which had been led by a GP partner from the practice at CCG level.

## Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above.



# Are services effective?

- The practice had adopted a baby clinics immunisation policy which included vaccination recalls and had had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 69%, which, whilst comparable to other practices was below the 80% coverage target for the national screening programme. The practice told us that they were aware of performance in this area and were working to improve this by actively recalling patients who had failed to attend.
- The practice's uptake for breast and bowel cancer screening was mixed; breast cancer screening achievement was 64% compared to the CCG and national average of 70%, and the bowel cancer screening achievement was 59% compared to a CCG average of 56% and a national average of 55%. The practice told us that they sent out screening reminders to patients in relation to bowel cancer screening.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Only 55% of patients with cancer, diagnosed within the preceding 15 months, had a patient review recorded as occurring within 6 months of the date of diagnosis compared to a CCG average of 66% and a national average of 71%. When we discussed this with the practice they told us that they would examine this further.

## **People whose circumstances make them vulnerable:**

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances. This included refugees and

those with a learning disability. Such patients were offered specific packages to support their health needs, for example, the practice offered annual health checks to patients with a learning disability.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

## **Monitoring care and treatment**

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. The practice had developed a programme of clinical audits. For example, over the past 24 months the practice had carried out audits which included:

- Cancer diagnosis
- Acute kidney injury

Many of these audits had been carried out over two cycles to monitor and check improvement and ongoing performance.

Results from the Quality Outcomes Framework for 2016/17 showed that the practice had comparable performance outcomes compared to other practices locally and



# Are services effective?

nationally. This performance was prior to the establishment of the merged Trinity Medical Centre, however there was continuity of staffing between the previous providers and the current provider.

Partners had been appointed to lead on key areas of QOF performance and we saw that performance was regularly discussed at meetings and that when underperformance was identified there was good evidence that this had been tackled. For example, the practice had improved performance in relation to cancer two week waits.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- We saw that staffing levels were appropriate and that contingency plans had been developed to cover capacity issues. Overall, we saw that locum GP and agency nurse usage was low within the practice.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop their careers.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area, these groups included refugee families.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Two GPs within the practice had received additional training and qualifications in relation to palliative care.

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition, and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through referral to local support groups and social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice was able to provide in-house services in relation to weight management and smoking cessation.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

# Are services effective?

## Consent to care and treatment

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

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

- The practice monitored the process for seeking consent appropriately.
- The practice had a policy to continually record verbal consent on patient notes.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as Good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- During the inspection we saw an example of the practice showing care and compassion to a non-patient member of the public who was in distress.
- In general, the national GP patient survey results for the practice in 2017 and 2018 were comparable to local and national averages for questions relating to kindness, respect and compassion. This was reinforced by CQC comment cards and patient views we received on the day of inspection when patients told us that they felt that staff had a caring attitude. The only outlier recorded was in the 2017 GP patient survey when only 82% of respondents stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern compared to CCG and national averages of 91%. However, data from the 2018 survey showed that satisfaction with regard to care and concern had increased to 86% compared to CCG and national averages of 87%.

## **Involvement in decisions about care and treatment**

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. One member of the practice staff had received training in British Sign Language, and other staff members spoke languages compatible with some of their patient population whose first language was not English.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

- The practice proactively identified carers and supported them.
- The national GP patient survey results for the practice in 2017 and 2018 were in general comparable to local and national averages for questions relating to involvement in decisions about care and treatment. An area of lower than average satisfaction was recorded in the 2017 GP patient survey when only 76% of respondents stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care and treatment compared to CCG average of 84% and national averages of 85%. This had only improved slightly in the 2018 survey which showed that satisfaction with regard to this measure was 86% compared to CCG and national averages of 93%. The practice had analysed the results for 2017 and had sought to improve performance through raising awareness of the need to involve patients more in their own treatment decisions.
- The practice had identified 177 patients as being carers, this was under 1% of the practice list population. The low level of identification could affect the practice's ability to offer appropriate support to this section of the community.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- There were issues with patient confidentiality at the main site reception desk and it was possible to overhear conversations between patients and reception staff. The practice had recognised this themselves, and through feedback from patients and had made attempts to improve this. However, despite these changes confidentiality remained an issue; and this was supported by feedback we received on the day from patients. The practice told us that they hoped to tackle this issue during a possible future refurbishment. It was also pointed out that if patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

The practice understood the needs of its population and tailored services in response to those needs.

- Telephone triage and advice and telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice via home visits and telephone contact.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had developed a volunteering programme which utilised volunteers to support the work of the practice, such as by assisting and signposting patients in the waiting and reception area. Volunteering was governed by practice policy which covered assessment of suitability, the need for suitable DBS clearance and adherence to other practice policies which included confidentiality and safeguarding.
- In addition to nurse triage the practice utilised care navigation skills and had trained staff to assess initial contacts and where possible to redirect or refer them to more suitable services such as a physiotherapist appointment rather than a GP appointment, or via pharmacy services.

## Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice delivered care to 116 patients within 15 residential care establishments. This included the support for patients with long term conditions, care planning and medication reviews.

- The practice was responsive to the needs of older patients, and offered home assessments, visits and urgent appointments for those with enhanced needs.
- The practice had a home assessment team, staffed by healthcare assistants, which supported patients within their own home.
- The practice held workshops which supported and trained patients in the use of online services.
- Patients with additional needs, including older patients, could access nurse triage services seven days a week via the extended hours triage service.
- The practice hosted a number of services which included audiology and cataract surgery.
- The waiting area was provided with raised seating which was more suitable for older patients.

## People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs. This work was supported by a dedicated data quality team who invited patients to reviews and to specific services such as a diabetic prevention programme "Know your diabetes" which raised awareness and allowed patients to self-stratify and identify according to their individual risk. Patients could then access support and other information such as health checks. At the time of our inspection, the practice did not have data to demonstrate the effectiveness of this new service, in relation to patient outcomes.
- The practice held regular meetings with other health and care professionals to discuss and manage the needs of patients with complex medical issues.
- The practice had produced enhanced templates and protocols for long-term conditions which included cancer care reviews and acute kidney injury.
- The practice offered advanced diabetes support which included insulin and GLP-1 initiation in-house. In addition, the practice was able to access specialist diabetes advice for more complex cases through a regular joint clinic, and via e-consultation with secondary care practitioners and specialists.
- Prostate cancer care was delivered in-house.

## Families, children and young people:

# Are services responsive to people's needs?

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Young people's appointments were available on a daily basis via triage.
- The practice had display boards for baby and young people's health within the main surgery.
- Support advice and counselling were available via an external organisation for those considering or requiring termination of pregnancy.
- The practice offered a range of family planning services.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, in-house extended opening hours, telephone consultations and access to external extended hours services.
- The practice sought to maximise digital interaction and utilised email, online, SMS messaging, social media and the website to enhance patient communication options.
- Phlebotomy clinic access was available late weekdays and on Saturdays.
- Working with an external provider the practice delivered a physiotherapy service which offered support for patients with musculoskeletal issues. This included telephone assessment and advice, self-care or face to face appointments.
- Nurse and GP appointments were available daily from 8am.

## **People whose circumstances make them vulnerable:**

- The practice held a register of patients living in vulnerable circumstances which included those with a learning disability.
- People in vulnerable circumstances were able to register with the practice. For example, the practice supported patients who were refugees. Since April 2017, 42 refugees had been supported by the practice, this included the delivery of health checks, referral to other support services; and general health and care support.
- The practice was a member of Wakefield Council's Safer Places Scheme. This provided a safe haven for those within the community who were vulnerable and who may need help and assistance outside their home environment.

- Dementia friendly signage had been installed in the branch surgery.
- Practice policy required the pharmacist to review patients who had accessed the surgery more than 15 times in the previous two years. Reviews were used to assess needs and develop more appropriate interventions and support if this was identified.
- The practice hosted a substance misuse service for patients.
- The practice home assessment team supported housebound patients and supported their current need and assessed future needs.
- The practice hosted a Department of Work and Pensions work coach who was available to support the needs of patients seeking work or wishing to return to the workplace.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. For example, they were able to signpost and refer patients to talking therapy support.
- The practice employed a dedicated community psychiatric nurse to meet specific patient need.
- Patients with mental health issues who failed to attend reviews were proactively followed up by the practice.
- The practice participated with the National Institute for Health Research in a programme to gather health and wellbeing survey information from patients with severe mental health conditions. As part of this work the practice contacted identified patients and invited them to participate. This work was due to close on 30 September 2018.

## **Timely access to care and treatment**

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised, this was supported by the patient triage service.

# Are services responsive to people's needs?

- Patients reported that the appointment system was easy to use.
- The practice had invested in an advanced telephone system that gave patients multiple options, and could call patients back in busy periods instead of leaving patients waiting directly on the telephone.
- We saw that in the 2017 national GP patient survey results were mixed in relation to questions relating to access to care and treatment. For example, areas of low satisfaction included:
  - 72% of respondents to the GP patient survey were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours compared to a CCG average of 79% and a national average of 80%.
  - 58% of respondents to the GP patient survey responded positively to the overall experience of making an appointment compared to a CCG average of 68% and a national average of 73%.

We saw that the practice had analysed these results and had sought to improve them by raising awareness of Saturday and other out of hours options, and via the implementation of care navigation, improved staff training in call handling and the continued roll-out of triage services.

- Data from the 2018 national GP patient survey had shown an increase in patient satisfaction with regard to access to services, although only 57% of patients reported finding it easy to get through to this GP practice by phone compared to a CCG average of 66% and a national average of 70%.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- There were numerous opportunities for patients to raise concerns, these included via the NHS Friends and Family Test, patient suggestion boxes and the formal complaints system, all of which were promoted or available within the practice locations.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from the analysis of trends in these areas. It acted as a result to improve the quality of care.
- We saw that the practice made appropriate responses to complaints and comments which included written complaints and comments made on NHS Choices.
- The practice since it's merger had appointed a patient services advisor. Their main focus was to ensure patients were satisfied with any interactions they had with the practice. Duties included:
  - Promotion of customer service principles to staff.
  - Management of communications and patient engagement.
  - Responding to complaints, concerns and compliments.

The practice told us that since the appointment of the advisor patient feedback regarding duties covered by the advisor had been positive.

**Please refer to the evidence tables for further information.**



# Are services well-led?

**We rated the practice as good for providing a well-led service.**

## **Leadership capacity and capability**

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice leadership team had overseen the merger from April 2017 onwards of the previous two constituent practices into the current Trinity Medical Centre. This had meant developing and implementing new common structures, operating policies and governance systems, building new clinical and non-clinical teams whilst still delivering against key performance measures and continuity of care.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## **Vision and strategy**

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values, and this was summarised by the leadership team as “Putting Pride into Practice”.
- The practice had a realistic strategy and supporting business plans to achieve priorities.
- We saw evidence which showed that staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy and key performance measures to meet contractual obligations.
- The practice had a strong training ethos and was an accredited teaching and training practice, in addition we saw evidence of staff development and the employment of apprentices. One of the partners also acted as a GP appraiser.

## **Culture**

The practice had a culture of high-quality sustainable care.

- Staff stated they enjoyed working at the practice and that they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients, and the development of the practice and its staff to meet these needs.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Staff told us that there was a blame-free culture in place and we saw on the day that the practice was open and transparent with us when discussing issues and areas of lower than average performance.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Not all staff had received an appraisal in the preceding year. Staff were supported to meet the requirements of professional revalidation where necessary. We saw that staff records were clear and well laid out.



# Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams, although the practice still recognised that there was continued work to do in this area following on from the merger.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We identified a small number of policies that were past their review date. However, when we discussed this with the practice we were told and saw evidence to support this that they were in the process of being reviewed and reissued.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice was aware of the challenges it faced and the need to continue to build and develop post-merger.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, complaints and clinical performance measures.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. We also saw that the practice had supported a number of research and evaluation projects.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.
- Since the development of the telephone triage service the practice showed us information which has estimated that within Trinity Medical Centre 632 GP appointments had been saved in July 2018 alone.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. We saw that the practice actively reviewed both clinical performance and the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses or underperformance.
- The practice used technology to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

## Are services well-led?

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### **Engagement with patients, the public, staff and external partners**

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group (PPG). The PPG told us that it had a developing relationship with the practice, but felt that the practice was receptive to their views, comments and concerns.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice produced regular newsletters to advertise services and develop engagement with patients.
- The practice had appointed a dedicated patient services advisor whose role was to lead on effective patient engagement and communication.
- The practice had developed a volunteering programme which utilised volunteers to support the work of the practice, such as via assisting patients in the waiting and reception area.
- Partners from the practice had a high profile within the local health community and we saw that they were involved with the local CCG, Local Medical Committee, Federation and Confederation. The practice also worked closely with educational establishments supporting student nurses, medical students and registrars.

### **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice had worked at both Federation and Confederation level to develop its telephone triage service.
- The practice had been recognised for their innovation and service quality by a number of external organisations.

**Please refer to the evidence tables for further information.**