

The Almshouse Surgery

Quality Report

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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 service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Almshouse Surgery on 8 September 2015. As part of this inspection we also visited the Sandal Castle Medical Centre. Overall the practice is rated as good.

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

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

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw two areas of outstanding practice:

- The practice were part of Trinity Care which was a seven day, nurse-led telephone service for same day GP appointments.
- The practice had employed an experienced psychiatric nurse to follow up patients with mental health problems.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Unintended or unexpected safety incidents were well managed. People affected received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for dealing with notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 years had been allocated a named GP.
- All patients at risk of hospital admission were reviewed at the practice meeting or multidisciplinary team meeting.
- The practice had a dedicated team of Health Care Assistants who regularly visited housebound patients.
- The practice had employed a community support worker to look after the elderly population holistically.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and this work was supported by the GPs at the practice who each led on certain conditions. For example there were nurse leads for diabetes, asthma and COPD.
- Longer appointments and home visits were available when needed.
- The practice had a team of health care assistants who reviewed housebound patients with long term conditions and liaised with the GPs and practice nurses to coordinate their care and review their conditions.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice accommodated consultations for families and all members could consult together or use individual appointments.
- Healthcare was provided confidentially to young people and the GPs would provide contraception to young people. During these appointments they would assess whether there were any competency or safeguarding issues.
- The practice invited new mothers and their babies to attend an 8 week check. Vaccinations were offered and the mother was invited to reflect on her well-being and offered support on feeding choices.
- All children were invited for an 8 week check when vaccinations would be given. At this time mum would also have an appointment to discuss mood, general health and check on any problems with feeding difficulties.
- The practice had a triage service which provided same day advice to new parents' about young children and if there were any worries these children were provided with a same day appointment.
- The practice shared records of children under five with health visitors when babies were registered and these records were reviewed as part of the eight week check.
- The practice had a process in place to liaise with the health visitor if a baby did not attend for their check and injections.
- The practice were part of Trinity Care which was a seven day, nurse-led telephone service for same day GP appointments.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice were part of Trinity Care which was a seven day, nurse-led telephone service for same day GP appointments.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- 89.5% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 90.6% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceeding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had employed an experienced psychiatric nurse to follow up patients with mental health problems.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

We looked at the national GP patient survey results published on 4 July 2015. The results showed the practice was performing in line with local and national averages. A total of 328 survey forms were distributed and 114 were returned. This was a response rate of 35% and represents less than one percent of the practice patient list.

- 83% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 74%.
- 88% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 100% had confidence and trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%)

- 82% would recommend this surgery to someone new in the area (CCG average 80%, national average 78%)

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

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

Outstanding practice

We saw two areas of outstanding practice:

- The practice led on the development and implementation of Trinity Care which was a seven day, nurse-led telephone service for same day GP appointments. The practice practice formulated the

original concept and presented it to the other practices within their Clinical Commissioning Group network, managing the service on behalf of all six surgeries in the network.

- The practice had employed an experienced psychiatric nurse to follow up patients with mental health problems and patients with acute issues via referral from Trinity Care.

The Almshouse Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Almshouse Surgery

The Almshouse Surgery is located in a purpose built surgery in the centre of Wakefield. The practice has a branch site, Sandal Castle Medical Centre which is located a short drive away in the Sandal area of Wakefield. We visited both sites on the day of our inspection. Patients can access services at both sites.

The practice serves a population of approximately 12788 patients and the service is provided by six GP partners, four male and two female. The partners are supported by two female salaried GPs, three practice nurses, one community psychiatric nurse, two health care assistants and two phlebotomists. The clinical staff are supported by an experienced team of administration and reception staff.

Patients can access a number of clinics for example; asthma and diabetes and the practice offers services such as antenatal and postnatal care, minor surgery, childhood vaccinations and well-person check-ups.

The Almshouse Surgery is open between 8am and 6.30pm Monday to Friday and 9am – 3pm on Saturdays.

Sandal Castle Medical Centre is open between 8am and 6pm Monday to Friday.

There were a range of book on the day appointments offered at both sites with both GPs and nurses between these hours. In addition the practice offered pre-bookable appointments which could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Registered patients can also access appointments through the Trinity Care service which runs from 8am to 8pm Monday to Friday and 9am to 3pm on Saturday and Sunday. The service is accessible seven days a week, 365 days a year.

Out of hours care is provided by Local Care Direct.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 September 2015. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, a practice nurse, a health care assistant and the Community Psychiatric Nurse and spoke with patients who used the service.
- Observed how people were being cared for and spoke with patients at the practice.
- Reviewed 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 and treatment, we always ask the following five questions:

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

We also looked at how well services 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
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would complete a form and notify the practice manager when any incidents occurred.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one incident related to a GP who had suffered a needlestick injury whilst fitting a contraceptive implant. The GP could not locate the policy so contacted A&E for advice. As a result of this incident both the GP and the patient had to have a blood test. The policy was reviewed at a practice meeting and guidance made clearer.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that nurses and other suitably trained staff would act as chaperones, if required. All staff who acted as

chaperones were trained for the role and had received a disclosure and barring check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed two personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

Are services safe?

also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

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

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room at Sandal and reception at Almshouse.
- The practice had a defibrillator available on the premises and oxygen with appropriate masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 93.6% of the total number of points available, with 7.4% clinical exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed;

- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 82.1% which was below the CCG average (84.5%) but comparable to the national average (82.7%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of blood pressure in the preceding 12 months was 85.9% which was above the CCG (84%) and national (81.5%) average.
- The percentage of patients 78% of patients diagnosed with dementia who had received a face to face review in the preceding 12 months was 78%. This was slightly better than the CCG (77.5%) and national (77%) average.

Clinical audits demonstrated quality improvement.

- There had been 20 clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of antipsychotic drugs prescribing in dementia patients. The practice had liaised with staff in a local care home to try and stop or reduce the dose prescribed. The audit was reviewed 12 months later and found prescribing to be appropriate and stable.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

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

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice hosted a weekly clinic at the Almshouse Surgery where two specialist workers were available to help people who wanted to deal with drug and alcohol problems. Patients could be referred into this service by their doctor.

The practice had an effective and safe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 100%, which was comparable to the CCG average of 99.1% and the national average of 97.6%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Reminders were sent to patients who failed to return for their bowel cancer screening kits.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.5% to 100% and five year olds from 80.3% to 95.3%. Flu vaccination rates for the over 65s were 73.03%, and at risk groups 49.68%. These were also comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The three patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two patients registered with the practice and two members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90.4% said the GP was good at listening to them compared to the CCG average of 88.8% and national average of 86.6%.
- 91.8% said the GP gave them enough time (CCG average 87.7%, national average 86.8%).
- 95.8% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95.3%)
- 83.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.1%, national average 85.1%).

- 93.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90.4%).
- 88.1% said they found the receptionists at the practice helpful (CCG average 86.6%, national average 86.9%)

Care planning and involvement in decisions about care and treatment

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

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

- 90.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.3% and national average of 86.3%.
- 81.2% said the last GP they saw was good at involving them in decisions about their care (CCG average 81.3%, national average 81.5%)

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

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

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice were part of the Trinity Care service which offered telephone access to a team of qualified nurses who carried out an assessment of the patient. Following assessment the service then provided Physiotherapist assessments, mental health nurse assessments, same day GP appointments or signposting to other relevant services. This service had initially been funded by Wakefield Clinical Commissioning Group (CCG) during the first four month pilot period but had continued with funding from the practice following this.

Access to the service

The Almshouse Surgery is open between 8am and 6.30pm Monday to Friday and 9am – 3pm on Saturdays.

Sandal Castle Medical Centre is open between 8am and 6pm Monday to Friday.

There were a range of book on the day appointments offered at both sites with both GPs and nurses between these hours. In addition the practice offered pre-bookable appointments which could be booked up to six weeks in advance; urgent appointments were also available for people that needed them.

Registered patients could also access appointments through the Trinity Care service which runs from 8am to 8pm Monday to Friday and 9am to 3pm on Saturday and Sunday. The service is accessible seven days a week, 365 days a year.

Out of hours care is provided by Local Care Direct.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 83.3% patients said they could get through easily to the surgery by phone (CCG average 71.6%, national average 74.4%).
- 73.2% patients described their experience of making an appointment as good (CCG average 73.3%, national average 73.8%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice had a complaints leaflet which was given to any patient wishing to make a complaint.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, demonstrating openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, one complaint related to the length of time a patient had to wait for their appointment. In an attempt to reduce patient waiting times, posters were displayed in the waiting room requesting that patients book a double appointment if they were attending the practice with more than one problem.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The staff we spoke with told us that patient care was at the heart of everything they do.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership, openness and transparency

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

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

When there were unexpected or unintended safety incidents:

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

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

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

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

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

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group had concerns that the noticeboards in the reception area and waiting room were overloaded with information. As a result the practice regularly monitored the information contained on them to ensure it was up to date and relevant.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

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