

The Grange Medical Centre

Quality Report

Highfield Road

Hemsworth

Pontefract

WF9 4DP

Tel: (01977) 610009

Website: www.grangemedicalcentre.co.uk

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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?

Requires improvement



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 Grange Medical Centre on 2 September 2015.

Overall the practice is rated as good.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- There were systems in place to reduce risks to patient safety, for example infection prevention and control procedures and health and safety assessments.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues.
- Information about services and how to complain was available and easy to understand.

- The practice sought patient views how improvements could be made to the service, through the use of patient surveys and the practice's patient representation group (PRG).
- Urgent appointments were available for patients the same day as requested, although not necessarily with a GP of their choice.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.

We saw an area of outstanding practice:

- Patients were referred to an exercise and health service to ensure that health and emotional needs were met. A gymnasium was provided for patients at no cost at the Kinsley practice under a programme of exercise on prescription.

However there were areas of practice where the provider should make improvements:

Summary of findings

- Ensure applicable two cycle audits are carried out with all relevant staff involved and action taken as a result. Minor surgery and National Institute for Health and Care Excellence (NICE) guidelines audits should be undertaken annually.
- Ensure hypnotics prescribing is monitored and rationale documented.
- Ensure the appointments system is easily accessible by phone and support people to access appointments
- Ensure patients are kept informed if appointments are not running to time.
- Ensure nurse appointments are the appropriate length of time for travel vaccinations in line with Royal College of Nursing guidance.
- Ensure multi-disciplinary team (MDT) and joint meetings with health visitors are minuted formally to record actions and responsibilities.

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 good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed and there were enough staff to keep patients safe. There were effective processes in place for safe medicines management at all locations. Specialist advice had been sought and effective measures taken to assure the safety of patients using the secondary care facilities.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed some patient outcomes were low for the locality for example, there were no systems in place to monitor hypnotics prescribing. There was evidence of clinical audit and re-audit being undertaken however this was inconsistent. Action plans were not in place to monitor implementation of any recommendations therefore improvements in performance and patient outcomes were not implemented consistently. Nurse appointments should be scheduled with the appropriate length of time for the activity in line with Royal College of Nursing guidance. Multidisciplinary meetings were taking place, however they were generally informal and record keeping was limited or absent.

Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely, patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health, staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for staff.

Requires improvement



Are services caring?

The practice is rated good for providing caring services, data showed that patients were satisfied with several aspects of care. Information for patients about services was available and easy to understand. Patients we spoke with during our inspection said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.

Good



Summary of findings

The practice had a public health team which consists of a public health nurse, a counsellor and an administrator; patients were referred to the service to ensure that health and emotional needs were met. A gymnasium was provided for patients at no cost at the Kinsley practice under a programme of exercise on prescription.

Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with Wakefield and other local Clinical Commissioning Groups (CCG) to secure improvements to services where these were identified. The practice had good facilities at all three locations and was well equipped to treat patients and meet their needs. There was an accessible complaints system and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and changes had been made as a result. Urgent appointments were available for patients the same day as requested but not necessarily with a GP of their choice.

Good



Are services well-led?

The practice is rated good for providing well-led services. Governance arrangements were underpinned by a clear leadership structure and staff told us they felt supported by the GPs and management. The practice had a number of policies and procedures to govern activity which were consistent across all locations. There were systems in place to identify risk, monitor and improve quality. Staff had received inductions, regular performance reviews and attended staff meetings. They were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys and the patient representation group (PRG).

The practice had a vision and strategy, however not all staff were aware of this.

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 good for the care of older people. The practice offered proactive, personalised care to meet the needs of older people in its population. Longer appointments, home visits and rapid access were available for those patients with enhanced needs. The practice worked closely with other health and social care professionals, such as the district nursing team and community matron, to ensure housebound patients received the care they needed. The practice looked after 158 patients residing in local nursing, care and residential homes, each had a named clinician who carried out ward rounds with a nurse practitioner.

Good



People with long term conditions

The practice is rated good for the care of people with long term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All patients had a named GP and a structured annual review to check their health and medication needs were being met. For those people with the most complex needs, the named clinician worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice nurses had extended roles to administer specific injections for named patients who had prostate cancer. They also undertook wound care management, for example leg ulcer dressings.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice told us all young children were prioritised and the under-fives were seen on the same day as requested. The practice provided sexual health support and contraception, maternity services and childhood immunisations. Data showed immunisation uptake rates were comparable for the locality. The public health nurse accepts referrals from clinicians, local schools, health visitors and outside agencies, providing

Good



Summary of findings

support to parents of children with behavioural difficulties. Drop in sessions are held at the local secondary school to support pupils identified as being at risk of self-harm whilst waiting input of specialist services.

Working age people (including those recently retired and students)

The practice is rated good for the care of 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. For example, the practice had extended hours on Monday, Tuesday, Wednesday and Thursday evenings until 8.00pm. The practice also offered online services, telephone triage/advice and a full range of health promotion and screening that reflected the needs of this age group. Links were made with a major local employer to provide staff drop in sessions and support trade unions to address stress and mental health issues. The practice hosted regular Citizens Advice Bureau drop in sessions for patients to access advice and support on a range of issues including housing, consumer rights and financial advice.

Good



People whose circumstances may make them vulnerable

The practice is rated **good** for the care of people whose circumstances may make them vulnerable. The practice had a system to identify patients living in vulnerable circumstances, and held a register of those who had a learning disability. Longer appointments were available for patients as needed. GPs told us annual health checks were offered for those who had a learning disability; however, data showed that only 38% of eligible patients had received one in the last twelve months.

Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice worked with multidisciplinary teams in the case management of this population group. It provided information on how to access various support groups and voluntary organisations. The public health nurse worked in partnership with 28A Housing (this is a local housing provider for vulnerable adults to ensure care is co-ordinated and act as a link between agencies). The practice had joined the local authority 'Stay Safe' Scheme providing a safe refuge for vulnerable adults within the community.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice is rated good for the care of people experiencing poor mental health (including people with dementia). All patients had a named GP. Annual health checks were offered for these patients and data showed 92% had received one in the last twelve months. The practice actively screened patients for dementia and maintained a register of those diagnosed. It carried out advance care planning for these patients. The practice had a dementia champion who had organised a walkthrough of all three practice sites with Wakefield Dementia Action Alliance to assess whether the premises were dementia friendly, an action plan was in place to address the issues identified. All dementia patients had been contacted to identify who their carer was and drop in sessions were held in conjunction with the local library for carers to access support.

The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. It provided readily available information on how to access various support groups and voluntary organisations, such as MIND, and the Alzheimer's Society. Staff had received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

Results from the NHS England GP patient survey published July 2015, showed the practice was performing below the local and national averages. There were 96 responses which represents 28% of the patients who responded. Some of the responses were comparable to the CCG and national averages:

- 95% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 96% and the national average of 95%
- 82% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 89% and the national average of 89%
- 85% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 88% and the national average of 87%

The following responses were comparable or below average the CCG and national average:

- 63% of patients described their overall experience of this surgery as good compared to the CCG average of 85% and the national average of 85%
- 36% found it easy to get through to this surgery by phone compared to CCG average of 72% and the national average of 74%
- 77% found the receptionists at this surgery helpful compared to CCG average of 87% and the national average of 87%
- 31% with a preferred GP usually get to see or speak to that GP compared to the CCG average of 53% and the national average of 61%
- 77% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%

- 87% said the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%
- 50% described their experience of making an appointment as good compared to the CCG average of 73% and the national average of 74%
- 38% usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 71% and the national average of 65%
- 32% felt they don't normally have to wait too long to be seen compared to the CCG average of 63% and the national average of 58%
- 68% of patients were satisfied with the surgery's opening hours compared to the CCG average of 76% and the national average of 76%
- 78% said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 13 comment cards, most of which were positive about the standard of care received. However, some patients stated that they did not find it easy to get through by phone and some were waiting 15 minutes or more for their appointment. These findings were aligned with the national GP patient survey. During the inspection we spoke with seven patients, they all told us they were treated with dignity and respect, thought the practice was good and would recommend it to others. However access to appointments was raised as an issue.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure applicable two cycle audits are carried out with all relevant staff involved and action taken as a result. Minor surgery and National Institute for Health and Care Excellence (NICE) guidelines audits should be undertaken annually.
- Ensure hypnotics prescribing is monitored and rationale documented.
- Ensure the appointments system is easily accessible by phone and support people to access appointments
- Ensure patients are kept informed if appointments are not running to time.

Summary of findings

- Ensure nurse appointments are the appropriate length of time for travel vaccinations in line with Royal College of Nursing guidance.
- Ensure multi-disciplinary team (MDT) and joint meetings with health visitors are minuted formally to record actions and responsibilities.

Outstanding practice

- Patients were referred to an exercise and health service to ensure that health and emotional needs were met. A gymnasium was provided for patients at no cost at the Kinsley practice under a programme of exercise on prescription.

The Grange Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Grange Medical Centre

The Grange Medical Centre is located in a purpose built building in Hemsworth. There are two branch locations. Greenview Medical Centre in Upton and Kinsley Medical Centre in Kinsley. Patients can access all three practices. They have 14776 registered patients at the practice locations. They have a higher than national average population of patients aged 40 to 69 year olds.

The practice provides Primary Medical Services (PMS) under a contract with NHS England. They also offer a range of enhanced services such as alcohol, extended hours, learning disabilities, patient participation, remote care monitoring, minor surgery and childhood vaccination and immunisations.

The practice also provided a number of secondary care services including endoscopy, cataract surgery, vasectomy service, general and vascular surgery and non urgent ophthalmology. They provided Consultant led services for example orthopaedic outpatients clinics

The Grange Medical Centre has three male GP partners, one female GP partner, five salaried GPs (two female and three male), one female nurse practitioner, one male minor

illness nurse, seven female practice nurses, four female healthcare support workers, a practice manager and deputy practice manager and an extensive administrative team.

The Grange Medical Centre is open from 8.00am to 8.00pm on Monday, and 7.30am to 6.30pm Tuesday, Thursday and Friday. Wednesday 7.30am to 8.00pm. Appointment times are available Monday 8.00am to 8.00pm. Tuesday 7.30am to 6.30pm and Wednesday 7.30 am to 8.00pm. Thursday and Friday 7.30 to 6.00pm. The Kinsley site is open 8.30am until 6.00pm Monday, Wednesday and Friday; 9.00am until 8.00pm Tuesday and 9.00am until 5.00pm Thursday. Greenview Medical Centre is open 9.00am until 6.00pm Monday, Tuesday, Wednesday and Friday and 9.00am until 8.00pm Thursday. When the practice is closed, out-of-hours services are provided by the Wakefield NHS Walk in Centre.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

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

Detailed findings

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and Wakefield Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and national GP patient survey.

We carried out an announced inspection on the 2 September 2015. During our visit we spoke with three GPs, a nurse practitioner, a practice nurse, a health care assistant, the practice manager, assistant practice manager, two reception team leaders and two members of the reception team. We also spoke with seven patients and four members of the patient representative group (PRG). We reviewed thirteen CQC comment cards where a patient had shared their views and experiences of the practice.

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)

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

Safety was monitored using information from a range of sources, including National Patient Safety Alerts (NPSA) and National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

We reviewed safety records, incident reports 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, whilst a GP was visiting a patient in their home, they observed a medication error. After investigation by the practice it was found the medicine had been incorrectly dispensed by the pharmacy. The pharmacy was contacted and the error rectified. Details of the significant event, action and learning had been circulated to all clinicians.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection prevention and control, medication management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding however not all staff were clear who this was although staff could describe the correct process to identify and report safeguarding concerns. The GP attended safeguarding meetings. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). These 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.
- 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 regular fire drills were carried out although on the day of the inspection access to two fire extinguishers had been blocked by a number of water cooler tanks which was brought to the attention of the practice manager. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. For the X-ray suite, a radiation protection file was kept on site and the practice Radiation Protection Adviser (RPA) was from Leeds General Infirmary.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice directly employed cleaning staff who work to cleaning schedules which were audited. In addition an external cleaning contractor carried out six monthly deep cleans of the operating theatres. A practice nurse was the designated infection prevention and control (IPC) clinical lead, who kept up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence action was taken to address any improvements identified as a result. The practice had carried out Legionella risk assessments and regular monitoring was carried out and documented. In the operating theatres a theatre manager had implemented standard operating procedures and contracts were in place for maintenance of the level three operating theatre air supply in line with industry standards.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the three files we sampled showed appropriate checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the relevant professional body and the appropriate checks through the Disclosure and Barring Service (DBS).
- 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 enough staff were on duty at all three locations.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the vaccine room. The practice had a

defibrillator available on each of the three locations and oxygen with adult and children's masks. 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. There was also a first aid kit and accident book available. There was a trained first aider at each location.

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 and consent

The practice had systems in place to ensure all clinical staff had access to up-to-date guidelines from the National Institute for Health and Care Excellence (NICE), the local Clinical Commissioning Group (CCG) and local disease management pathways. Clinicians carried out assessments and treatments in line with these guidelines and pathways to support delivery of care to meet the needs of patients. For example, the local pathway for patients who have chronic obstructive pulmonary disease (a disease of the lungs). However, the practice had not carried out audits to monitor these guidelines were followed. Minor surgery and NICE guidelines audits should be undertaken annually. We saw medication audits were carried out on Disease Modifying Anti-Rheumatic Drugs (DMARDs) and anticoagulation prescribing; however, medication audits were inconsistent and outcomes and recommendations were not always recorded. Data reviewed from NHS Business Services Authority identified hypnotic prescribing was three times the national average. The practice were not auditing and taking appropriate actions where necessary.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005, Mental Capacity Act prompt cards had been provided to staff. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome. When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge, staff were able to demonstrate they understood this.

Protecting and improving patient health

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for

patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation uptake rates for the vaccinations offered were comparable to both the local CCG and national averages. For example, uptake rates for children aged 24 months and under ranged from 89% to 99% and for five year olds they ranged from 92% to 96%.

The seasonal flu vaccination uptake rate for patients aged 65 and over was 73%. Uptake for those patients who were in a defined clinical risk group was 48%. These were also comparable to both the local 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 to 74. Where abnormalities or risk factors were identified, appropriate follow-up on the outcomes was undertaken.

Nursing staff told us that appointments for administering travel vaccinations were 10 minutes long. Appointment length should be scheduled in line with national guidance. For example, Royal College of Nursing competency framework for nurses in travel health medicine guidance states a twenty minute consultation appointment per person should be allowed to exercise best practice.

The practice identified patients who were in need of additional support and signposted them to the relevant service. For example, smoking cessation advice which was provided at the practice, support for alcohol abuse or help with weight management. There was a gym at the Kinsey practice where patients were referred for a programme of exercise on prescription under the supervision of a directly employed qualified fitness instructor. We saw patients using the gym facilities on the day of the inspection. The practice also held regular sessions for patients to access the services of the citizen's advice bureau.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and its intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available at all three locations.

Are services effective?

(for example, treatment is effective)

Staff worked with other health and social care services to understand the complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. Staff we spoke with told us multidisciplinary team meetings took place on a regular basis although these meetings were not formally minuted. Care plans were routinely reviewed and updated.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a process intended to improve the quality of general practice and reward good practice. Information collected for the QOF and performance against national screening programmes was used to monitor outcomes for patients. Data from 2013/14 showed:

- The practice had achieved 95% of the total number of points available and was not an outlier for any QOF (or other national) clinical targets.
- Performance for diabetes related indicators were similar to CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests were similar to CCG and national averages.
- Performance for mental health related and hypertension indicators were similar to CCG and national averages.

- The dementia diagnosis rate was similar to CCG and national averages.

The practice did not have a full cycle audit system in place. Although we found clinical audits were routinely being undertaken and we saw evidence of re-audit, this was not consistent. We were shown four examples of clinical audits which had been completed within the past twelve months. Three audits did not include recommendations for change and an action plan. We viewed one audit of cervical smears which demonstrated changes to treatment or care had been made where needed and the audit repeated to ensure outcomes for patients had improved.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed:

- Staff had received mandatory training that included safeguarding, fire procedures, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Individual training needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to, and made use of, e-learning training modules.
- All GPs were up to date with their revalidation and appraisals.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and those spoken with on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted consultation and treatment room doors were closed during patient consultations and that conversations taking place in these rooms could not be overheard.

On the day of our inspection we spoke with seven patients, they all told us they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Reception staff were aware they could offer a private room when patients wanted to discuss sensitive issues or appeared distressed. 77% of 96 respondents to the national GP patient survey found receptionists at the practice helpful, compared with a CCG average of 87% and a national average of 87%.

The practice's computer system alerted clinicians if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice signposted patients on their website to Carers Direct.

Staff told us if families had experienced bereavement, a system was in place to contact or signpost patients/relatives to a support service to meet the family's needs.

Results from the national GP patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was comparable to and below local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 82% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 89% and the national average of 89%
- 85% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 88% and the national average of 87%
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 81% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us health issues and treatments were discussed with them and they felt listened to. They felt involved in the decisions made about the care they received and the choice of treatment available to them.

Data from the July 2015 national GP patient survey showed patients responded satisfactorily to questions about their involvement in planning and making decisions about their care and treatment. This was in line with local and national averages. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services improve outcomes for patients in the area. For example, a range of secondary care services and consultant led clinics. They also had a public health team to support vulnerable people, for example a nurse was working with two patients identified by the Yorkshire Ambulance Service as frequent callers to the service to prevent further inappropriate calls.

There was an active patient representative group (PRG) which met on a regular basis. The PRG carried out patient surveys and submitted proposals for improvements to the practice, we saw minutes of PRG meetings and evidence of improvements made to the service as a result. For example, the practice employed a dedicated prescription clerk and separate phone line to free up access on the telephones for patients.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- The practice offered extended hours four evenings a week until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who could not physically access the practice and ward rounds were carried out at 11 local residential care homes.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available at each location.

Access to the service

The Grange Medical Centre is open from 8.00am to 8.00pm Monday and 7.30am to 6.30pm Tuesday, Thursday and Friday. Wednesday 7.30am to 8.00pm. Appointment times are available Monday 8.00am to 8.00pm. Tuesday 7.30 am to 8.00pm and Thursday and Friday 7.30 to 6.00pm. The Kinsley site is open 8:30am until 6:00pm Monday, Wednesday and Friday; 9:00am until 8:00pm Tuesday and 9:00am until 5:00pm Thursday. Greenview Medical Centre is open 9:00am until 6:00pm Monday, Tuesday, Wednesday

and Friday and 9:00am until 8:00pm Thursday.

Appointments could be pre-booked up to two weeks in advance and urgent appointments were available. At the time of our inspection the next available pre-bookable appointment was in four working days' time.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below average compared to local and national averages. This was aligned to our findings, for example:

- 36% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 74%.
- 50% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 74%.
- 38% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

We spoke to patients who told us they experienced difficulty getting appointments over the telephone. They told us they were kept on hold for long periods of time and found that when their call was answered the available appointments had been booked which meant they had to repeat the process the next day. They also told us that some GPs often ran significantly late and they were not always informed of the delay. The practice acknowledged access was an issue and were able to demonstrate that steps had been taken to improve this, for example, additional phone lines and the purchase of mobile phones for staff to make outgoing calls.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible complaints lead and a complaints officer who handled all complaints in the practice. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The complaints policy outlined the timescale the complaint should be acknowledged by and where to signpost the patient if they were unhappy with the outcome of their complaint. Information how to make a complaint was available in the waiting room, the practice leaflet and on the practice website including information about the Patient Advocacy Service.

Are services responsive to people's needs? (for example, to feedback?)

The practice actively encouraged feedback including complaints and kept a complaints register for all written and verbal complaints. There had been sixty complaints over the last 12 months. We found they had all been satisfactorily dealt with, identifying actions, the outcome

and any learning. There were themes to the complaints related to accessing appointments and prescriptions and which the practice had identified as issues and taken steps to address these.

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 documented vision and strategy, however not all staff were aware of this but they were aware of their responsibilities to provide a caring, patient focused service. All the staff we spoke with were knowledgeable about the service and care they provided for patients.

Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance arrangements were underpinned by:

- A clear leadership structure with staff being aware of their own roles and responsibilities.
- All staff being supported to undertake continuing professional development, including GPs with regard to their revalidation requirements.
- Implemented practice policies which all staff could access at all three locations.
- A system of reporting incidents without fear of recrimination, whereby learning from outcomes of analysis of incidents took place.

- A system of continuous audit cycles on patient satisfaction and access which could demonstrate improvements.
- Clear methods of communication which involved all the practice staff and other healthcare professionals, to disseminate best practice guidelines and other information which could impact on the delivery of patient care.
- The practice had a very active PRG who they engaged with regularly via meetings and events to encourage patients' feedback on delivery of the service.

Reception staff told us there had been a period of low morale amongst staff but they felt that morale was improving under the leadership of two new reception team leaders.

Innovation

The practice was forward thinking to improve outcomes for patients in the area, for example:

- It offered a range of secondary care services for example vasectomy service, non urgent ophthalmology and x-rays to ensure care was available closer to home for patients in the community.
- It provided Consultant led services for example orthopaedic outpatients clinics.
- It directly employed public health nurse and counsellor.
- The gym for patients and exercise on prescription.