

Drs. Taylor, Syam and Sreelatha - Stuart Road 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 Doctors Taylor, Syam and Sreelatha at Stuart Road Surgery on 10 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and 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.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

- The practice had established a duty doctor system and nurse led minor injuries clinics as a way of managing urgent demand. It had been successful in meeting demand and provided more flexible access to medical care.
- The practice provided a diabetic clinic that was delivered in conjunction with a local secondary care provider. The service offered specialist care management and enhanced services such as insulin

Summary of findings

initiation. The provision of these services within primary care meant that patients do not need to attend secondary care settings such as hospitals to receive treatment.

There was an area where the provider should make improvement:

- The practice should ensure that fire training and information governance training was up to date and delivered for all members of staff.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement in services provided to patients.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had an effective electronic referral system which helped to plan and coordinate patient treatment with secondary care services such as hospitals.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Practice staff had received training in dementia awareness and the practice was accredited as being a dementia friendly environment.
- The practice was registered under the Wakefield Safer Places Scheme. This voluntary scheme seeks to assist vulnerable people feel safer when travelling independently. Registered sites have agreed to offer support to the individual and would contact a named relative, carer or friend if the person was in distress.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice operated a diabetic clinic delivered in conjunction with a local secondary care provider. The service offered specialist care management and enhanced services such as insulin initiation, for which practice staff had received enhanced training. The provision of advanced care planning and insulin initiation within the practice meant that patients did not need to access secondary care settings such as hospitals to receive treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had a duty doctor system and a nurse led minor injuries clinic. It had been successful in meeting demand and provided more flexible access to medical care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a service that worked to reduce unplanned admissions to hospital. Patients who were identified as being at high risk of admission received comprehensive care planning and regular reviews. As an indication of the impact of this work at the time of inspection 97 patients over 65 years old received this service, and of this group only four had entered hospital as an unplanned admission in 2015/2016.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For example, nursing staff led on the management of coronary heart disease, chronic obstructive pulmonary disease (COPD), asthma and diabetes. In relation to diabetes the practice was able to offer insulin initiation and had recently established a specialist diabetic clinic delivered by a GP, nurse and consultant to deliver advanced care packages and services.
- Performance for diabetes related indicators was better than the CCG and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with health and care professionals to deliver a multidisciplinary package of care.
- In consultation with the NHS Wakefield Clinical Commissioning Group the practice had focused care planning activity on patients with COPD, epilepsy and stroke and in 2015/2016 283 eligible patients received a care plan (50% of the total for the practice).

Summary of findings

Families, children and young people

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

Good



- 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. Immunisation rates were relatively high for all standard childhood immunisations with rates which ranged from 92% to 100% being achieved.
- Children and young people were treated in an age-appropriate way.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held regular formal meetings with health visitors to discuss safeguarding and other individual health and care issues such as non-attendance for immunisation or for paediatric outpatient appointments.

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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice has established a telephone appointment system, whereby a patient can request a telephone call back consultation with the duty doctor. This facility was well used by those unable to access the surgery during regular opening hours. In addition the practice was able to book patients directly into weekend primary care appointments being delivered at Pontefract Hospital.
- The practice was proactive in offering online services such as appointment booking 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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and frail older people with complex needs.
- The practice offered longer appointments for patients with a learning disability and to those who required interpretation or translation services. .
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, notices and posters in the waiting room provided information for carers and those who had experienced bereavement.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were trained in safeguarding and 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 provided GP services to the residents of a local temporary shelter for the homeless.

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).

- 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive and agreed care plan documented in the patient record which was comparable to the CCG average of 89% and the national average of 88%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 76% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to the CCG and national averages of 84%.
- The practice staff had received awareness training in relation to dementia and was accredited as a “dementia friendly” organisation.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Of 278 survey forms which were distributed 106 were returned which gave a response rate of 38%. This represented just over 1% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. In particular, many patient comments praised the practice staff for their friendly and caring attitude and their willingness to give their time to listen to them.

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

Drs. Taylor, Syam and Sreelatha - Stuart Road 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 adviser and a practice manager specialist adviser.

Background to Drs. Taylor, Syam and Sreelatha - Stuart Road Surgery

The practice surgery is located on Stuart Road in Pontefract, West Yorkshire. The practice serves a patient population of 9,400. The practice is a member of NHS Wakefield Clinical Commissioning Group.

The surgery is located in purpose built premises constructed during the 1980s. The building is accessible for those with a disability and has been adapted further to meet the needs of those with a disability, for example the reception desk had been lowered for wheelchair users and a hearing loop had been installed for those with a hearing impairment. There is parking available nearby for patients and an independent pharmacy is adjacent to the practice.

The practice serves a post industrial area that was linked predominantly to mining and industry. The practice population age profile shows that it is above both the CCG

and England averages for those over 65 years old (20% 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 77 years and 81 years and the England average is 79 years and 83 years respectively). The practice population has a slightly higher than average number of patients with a long standing health condition at 59% compared to the CCG average of 58% and the national average of 54%. A higher than average older population and one with long standing health conditions could mean increased demand for GP services. The practice serves some areas of higher than average deprivation. The practice population is predominantly White British.

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
- Risk profiling and care management
- Support to reduce unplanned admissions.
- Minor surgery
- Learning disability support
- Patient participation

Detailed findings

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, healthy lifestyle advice including smoking cessation and physiotherapy.

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

The practice has three GP partners (two male, one female) and two salaried GPs (one male, one female). In addition there is one practice nurse manager (who can also prescribe); two practice nurses, two healthcare assistants and a phlebotomist (all female). Clinical staff are supported by a practice manager, an administration manager, and an administration and reception team.

The practice appointments include:

- Pre-bookable appointments
- On the day/urgent appointments
- Telephone consultations where patients could speak to a GP or nurse to ask advice and if identified obtain an urgent appointment.

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

The practice is open between 8am and 6.30pm Monday to Friday. Additionally the practice can make appointments for patients to access primary care services on Saturdays 8am to 8pm at Pontefract Hospital. GPs from the practice contribute to staffing sessions at the hospital in conjunction with staff from other practices in the local Federation. This service is currently funded by NHS Wakefield CCG.

The practice is accredited as a teaching practice and supports medical students during their training.

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

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 May 2016. During our visit we:

- Spoke with a range of staff, which included GP partners, nursing staff, the practice manager and members of the administration team.
- Spoke with patients.
- Reviewed comment cards where patients and members of the public shared their views.
- Observed how patients were treated in the reception area.
- Spoke with members of the patient participation group.
- Looked at templates and information the practice used to deliver patient care and treatment plans.
- Spoke with NHS Wakefield Clinical Commissioning Group.

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

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

Detailed findings

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents.
- The practice carried out a thorough analysis of the significant events.
- There was an open and transparent approach to safety. All staff were encouraged and supported to record any incidents. There was evidence of good investigation, learning and sharing mechanisms in place.
- We were told that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we were told of an incident where a child had suffered a burn caused by a radiator in the practice. The child was treated for the burn and the incident was analysed. As a result remedial work was taken to prevent recurrence which included reducing the operating temperature of the radiators and putting warning notices on radiators to alert patients and particularly parents accompanying children that the radiators were hot.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. A lead member of staff and a deputy had been appointed for safeguarding. GPs attended meetings on a monthly basis where child

and adult safeguarding concerns could be discussed with relevant safeguarding agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to safeguarding level three, and non clinical staff were trained to either level one or level two.

- A notice in the waiting room and in the consulting and treatment rooms advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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). It was noted on the patient record if a chaperone had been present during examination or treatment. The practice had also developed useful guidance for staff who acted as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse manager was the infection 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. Annual infection control audits were undertaken and the last audit showed a high level of compliance. The audit had noted the need to carry out certain refurbishment works and we noted that these were progressing on a phased basis.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. In the past the practice had higher than average levels of antibacterial prescribing. This had been tackled and

Are services safe?

based on recent data the practice had shown improvement and lowered it's prescribing for these products. In addition the practice kept an effective audit trail regarding changes in medication on the patient record.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The nurse manager was an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed two personnel files and found in that appropriate recruitment checks had been undertaken prior to employment. However we did note that some details relating to the registration status and qualifications held by one member of staff were missing from their file. Registration status and qualifications were confirmed later by the practice.

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 and a poster was displayed adjacent to the staff kitchen. The practice had up to date risk assessments and staff were aware of health and safety policies and procedures. We noted during the inspection that not all staff had received fire training. We raised this with the practice who agreed to arrange additional training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had 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 (legionella is a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and the practice had a policy to only allow one GP to have leave at any one period of time.

Arrangements to deal with emergencies and major incidents

The practice had suitable arrangements in place to respond to 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 treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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 stored securely.
- The practice displayed emergency procedures on a board in the main office area; this ensured all staff had readily available information to hand on what to do in the event of an emergency.

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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Updates and alerts were cascaded to staff and discussed at team meetings.
- The practice monitored that these guidelines were followed through clinical audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 95% of the total number of points available. Overall the clinical exception rate for the practice was 8% and was similar to the CCG and national figures. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example 81% of patients with diabetes had an HbA1C result which was within normal parameters, compared to 76% locally and 78% nationally. (HbA1c is a blood test which can help to measure diabetes management.)
- Performance in relation to the treatment of high blood pressure (hypertension) was comparable to the CCG and national averages. For example, 78% of patients with hypertension had a blood pressure reading which was within normal parameters compared to 85% locally and 84% nationally.

- Performance for mental health related indicators was comparable to the CCG and national averages. For example, 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months compared to 89% locally and 88% nationally.

We saw evidence that QOF performance was discussed at weekly team meetings.

The practice kept registers of patients with certain conditions or who were otherwise vulnerable such as those with a learning disability or those who had diabetes. They used these registers to effectively plan care deliver and to call in patients for reviews.

There was evidence of quality improvement including clinical audit.

- There had been five audits completed in the last two years, three of which were completed full two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a clinical audit into prescribing emergency contraception included changes being made to clinical practice, the development of a practice protocol and template, and improvements being made in record keeping.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control and health and safety. It was noted that the practice needed to ensure that all staff had received training in information governance as some records indicated that staff had not received this training.
- The practice had additionally developed apprentice roles within the surgery and had subsequently taken on these staff members as part of the permanent team after the apprenticeship period had ended.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, members of the nursing team had received enhanced level training in relation to long term conditions such as diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to training and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received regular training that included: safeguarding and basic life support. The practice told us of a recent emergency procedures training event where staff were involved in emergency scenarios played out within the practice building.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Partners were able to share and access patient information via the IT system, and the practice shared details of patients who were toward the end of life with the out of hours service provider. The practice had appropriate consents and controls in place for the sharing of this data.
- The practice made use of an electronic referral system to plan and coordinate patient treatment with secondary care services such as hospitals. The practice

told us that the use of e-referral had significantly improved communication with secondary care providers leading to more effective and timely treatment for patients.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw minutes of meetings took place with other health care professionals on a four to six weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 (MCA 2005). The practice had produced in-house guidance outlining the requirements of the MCA 2005. When providing care and treatment for children and young people, we were told 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, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and alcohol consumption. For example, four members of the practice had been trained to deliver smoking cessation sessions.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend

Are services effective?

(for example, treatment is effective)

for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for vaccinations given were comparable to CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 96% to 97% (CCG averages ranged from 94% to 98%) and five year olds from 92% to 100% (CCG averages ranged from 92% to 97%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients, 16+ health checks and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

We spoke with two members of the patient participation group (PPG). They also 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 the practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Practice staff had received training in dementia awareness and the practice was accredited as being a dementia friendly environment. In addition the practice was registered under the Wakefield Safer Places Scheme. This is a voluntary scheme which assists vulnerable people to feel safer and more confident when travelling independently. If the person felt unwell, lost or in distress they could access the practice, who would then contact a named relative, carer or friend and would act as a safe haven for them.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from 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 generally in line with local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The practice had a hearing loop to aid communication with those with a hearing impairment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 56 patients as carers (under 1% of the practice list) of which eight were under 21 years of age. This figure for carers registration was rather low and in response the practice had sought to improve registration by:

- discussion with new patients at registration with the practice to ascertain if they were a carer
- displaying posters in the waiting room which encouraged patients to register as a carer
- raising the issue with staff so they became more aware of the need to identify carers

The practice used the carers register to prioritise care for patients and to target services such as flu vaccinations. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced suffered bereavement they could contact the practice for support, it was left to the discretion of individual GPs as to whether they would contact individuals and families directly. A noticeboard in the waiting room signposted patients to bereavement support services.

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.

- The practice had instituted a duty doctor system as a way of managing urgent demand and to provide improved and more flexible access to services. Each day one of the GPs acted as the duty doctor and they were available to triage all requests for same day access that would not have otherwise been met by designated same day appointments. Each day the duty doctor started without any pre-booked appointments or duties and so was able to meet the ongoing needs of the practice and its population. Activities for the duty doctor included;
 - Same day appointments/walk-in appointments/urgent appointments/telephone consultations
 - Signposting and advice to patients
 - Arranging appointments with other practice clinicians
 - Dealing with queries from patients, other health and care professionals
 - Dealing with results and prescriptions

The duty doctor operated from 8am to 6pm Monday to Friday. Average usage for the duty doctor was over 200 patients per week, of which 72% were dealt with without the need for further interventions. The practice felt that this approach freed up around 90 GP appointments per week and offered a more responsive service for patients.

- In conjunction with the duty doctor the practice operated minor illness clinics operated by the nursing team. The practice had identified that there were a range of presentations that could be safely and effectively dealt with by nurses with GP support when required. On average 240 appointments were taken up for these clinics with 85% of presentations being handled without the need of GP input.
- The practice offered an avoiding unplanned admissions service which provided proactive care management and support for those patients who were at high risk of an

unplanned hospital admission or had recently been discharged from hospital. At the time of inspection the practice was delivering this service to around 150 patients.

- The practice operated a diabetic clinic delivered in conjunction with a local secondary care provider. The service offered specialist care management and enhanced services such as insulin initiation. The clinics are held quarterly and deal with six patients during each session. Additional work in relation to diabetes within the practice included pre-diabetic screening and gestational diabetes support (gestational diabetes is a type of diabetes that affects women during pregnancy).
- The practice could make direct appointments for patients to access primary care services on Saturdays 8am to 8pm at Pontefract Hospital.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children under five and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpretation and translation services available.
- The practice issued appointment text reminders to patients.
- The practice provided GP services to the residents of a local temporary shelter for the homeless.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice could also make direct appointments for patients to access primary care services on Saturdays 8am to 8pm at Pontefract Hospital. In addition to pre-bookable appointments, on the day and urgent appointments, the practice offered telephone consultations and walk-in appointments.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice assessed the need for home visits by gathering information, though discussion with the patient or through reference to the patient record, to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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, for example, information was displayed in the waiting area and the website contained details regarding feedback and complaints.

We looked at seven complaints received in the last 12 months and found that these had been handled well and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

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 in place and implemented and were available to all staff. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. As a result the practice had a good understanding of its performance.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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.

The practice had a proactive and supportive approach to training and had supported staff in the attainment of higher level qualifications. As a teaching practice, we saw evidence that showed feedback from medical students was consistently high.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and worked with the practice to improve services for patients. For example, the PPG had raised with the practice issues with regard to the telephone queuing system and was examining with the practice ways to improve this.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would

Are services well-led?

Good 

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

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

Continuous improvement

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

- Had instituted a duty doctor system and nurse led minor injuries clinics as a way of managing urgent demand and to provide improved and more flexible access to services.
- Operated a diabetic clinic delivered in conjunction with a local secondary care provider. The service offered specialist care management and enhanced services such as insulin initiation.
- Could make direct appointments for patients to access primary care services on Saturdays 8am to 8pm at Pontefract Hospital