

Drs Meulendijk Soar & Brownlow

Inspection report

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

Ratings

Overall rating for this location

Good 

| | |
|--------------------------|--|
| Are services safe? | Requires improvement  |
| Are services effective? | Good  |
| Are services caring? | Good  |
| Are services responsive? | Good  |
| Are services well-led? | Good  |

Overall summary

This practice is rated as good overall. The practice had previously been inspected in September 2015 when it was rated good overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Drs Meulendijk Soar and Brownlow on 8 May 2018 as part of our inspection programme.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents were less likely to happen. However, the significant event analysis process was at times inconsistent and a systematic and documented health and safety risk assessment had not been completed. Patient feedback in relation to the practice was consistently high.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. The practice had carried out a number of full two cycle clinical audits to drive improvement.
- The practice delivered an extensive suite of contraception and sexual health services, and services to support patients with a learning disability. Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning at all levels of the organisation.

The area where the provider **must** make improvements as they are in breach of regulations is:

- Ensure care and treatment is provided in a safe way to patients.

The area where the provider **should** make improvements is:

- Review and improve the process of recording complaints, to include written and verbal complaints, in order to enable and improve the identification of any trends and learning from complaints within the practice.

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

Population group ratings

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

Our inspection team

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

Background to Drs Meulendijk Soar & Brownlow

Drs Meulendijk Soar & Brownlow Medical Practice, also known as Station Lane Medical Centre is located in Station Lane, Featherstone, Pontefract, West Yorkshire, WF7 6JL. The practice provides services for around 7,200 patients under the terms of the Personal Medical Services contract. The practice building is accessible for those with a disability. In addition the practice has on-site parking available for patients, with designated spaces for patients with limited mobility, or those patients who use a wheelchair.

The practice population catchment area is classed as within the group of the third more deprived areas in England. The age profile and life expectancy of the practice population is comparable to other GP practices in the NHS Wakefield Clinical Commissioning Group (CCG).

Drs Meulendijk Soar & Brownlow is registered with the Care Quality Commission to provide; surgical procedures, diagnostic and screening procedures, family planning, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice offers a range of enhanced local services including those in relation to:

- childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation

- Rotavirus and Shingles immunisation
- Dementia support
- Minor surgery
- Learning disability support

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

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

The practice is accredited as a training practice.

The clinical team consists of three GP partners (one male, two female), three salaried GPs (one male, two female), one minor illness nurse (female), two practice nurses (female) and two health care assistants (female). They are supported by practice manager and deputy practice manager and a team of reception and administrative staff including an apprentice.

The practice appointments include:

- Pre-bookable appointments
- Urgent and on the day appointments
- Telephone consultations

- Home visits

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

Practice opening times are:

Monday - 8am to 6:30pm

Tuesday - 7:30am to 6:30pm

Wednesday - 7:30am to 6:30pm

Thursday - 7:30am to 6:30pm (7:30am to 8:30pm every fourth week)

Friday – 8am to 6:30pm

Out of hours care and weekend appointments are provided by GP Care Wakefield and are accessible at two sites in the locality.

The previously awarded ratings are displayed as required in the practice and on the practice's website.

Are services safe?

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- A systematic and documented health and safety risk assessment which covered the operation of the practice had not been carried out.
- The significant event process showed some inconsistency.
- There was limited assurance with regard to the effectiveness of management of the infection control audit process.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns and a safeguarding lead and deputy had been appointed by the practice. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control. However, a recent self-completed infection prevention and control audit had failed to identify issues in relation to the poor condition of one set of public toilets. In addition there was limited assurance that the practice made detailed checks on the effectiveness of cleaning carried out by an external contractor and relied on a monthly assessment made by the same contractor. However it was noted that at the time of inspection all rooms were in a clean condition.

- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. It was noted that checks on emergency equipment had lapsed briefly between 21/02/2018 and 25/04/2018. The practice assured us that this would not happen in the future and at the time of inspection equipment was found to be in a satisfactory condition.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis, and non-clinical staff had received training specifically designed to identify patients who presented themselves at the practice with symptoms of severe infections.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice held regular meetings with partners to discuss vulnerable patients or those with complex needs. Some multi-agency meeting minutes showed details of individuals listed to be discussed, however there was no indication recorded

Are services safe?

whether these patient's needs had been discussed. The practice subsequently explained to us that such actions were captured within the patient's record and that minutes were kept brief for reasons of confidentiality.

- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for the appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial management in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice was not able to give full assurance that hazards present and the risk of occurrence had been fully recognised, and effective measures put in place to control, monitor and manage these.

- Some risk assessments had been completed such as those in regard to Legionella and property security. However, whilst the practice had made regular checks of the building and external areas to check for health and safety issues there had been no systematic, documented health and safety risk assessment carried out.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

We saw some evidence that the practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were some systems in place for reviewing and investigating when things went wrong. However, during the inspection, we noted that at times the significant event learning and review process showed inconsistency. In some of the cases we reviewed hard copy record forms did not include learning points or did not set review dates to check that learning actions had been effectively implemented. This was at odds with the event summary sent to us prior to the inspection which detailed learning points in most cases but failed to include review dates. This lack of consistency inhibited the ability to identify trends and meaningfully review outcomes of incidents. Since the inspection the practice had implemented a new system for consistently recording, actioning and learning from significant events.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

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

Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- 81% of patients over 65 years old had received a flu vaccination compared to a CCG average of 73%.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. 63% of over 75s had received a health check in the last 12 months.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice provided services in residential care settings (these included to patients with a learning

disability as well as the elderly). Activities included proactive visits, care planning and reviews. We were told that patients from practices in the Wakefield area who participated in this delivery programme showed a 5% overall fall in accident and emergency attendance and emergency bed days.

People with long-term conditions:

- Patients with long-term conditions had a regular structured review to check their health and medicines needs were being met. Patients with a long-term condition who struggled to attend the practice were offered a home visit by the practice nurse when reviews could be carried out. For example, 94% of patients on the practice asthma register had received an asthma review in the preceding 12 months. Practice performance against a local CCG care planning contract showed that the practice had achieved 100% attainment for care planning in relation to diabetes, asthma, chronic obstructive pulmonary disease (COPD) and heart failure. QOF data showed that performance in relation to long-term conditions was either comparable to or above local and national averages.
- For patients with the most complex needs, clinical staff worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, COPD, atrial fibrillation and hypertension).

Families, children and young people:

- Childhood immunisations were carried out were above the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% or above. The practice told us that

Are services effective?

they rewarded children who attended immunisation appointments with certificates and stickers and worked closely with health visitors to chase up parents who had missed appointments.

- The practice had arrangements to support pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. Members of the administration team actively supported the childhood immunisation clinics by contacting and supporting parents to attend with their children.

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

- The practice's uptake for cervical screening was 77%, which was slightly below the 80% coverage target for the national screening programme. This performance was higher than the CCG average of 75% and the national average of 72%. The practice told us that they regularly monitored take up rates and took proactive measures to improve attendance. For example, the practice followed up patients who had missed their screening appointment and invited them to attend again and opportunistically invited patients to attend during other visits to the practice.
- The practices' uptake for breast and bowel cancer screening was generally in line with the national average. The practice told us that they encouraged patients to take up screening opportunities. The practice told us of an occasion when they had worked with other services which allowed a patient who was a wheelchair user to receive breast cancer screening.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way.
- The practice held a register of patients living in vulnerable circumstances which included those with a learning disability and the frail elderly. Registers were used to plan and deliver care, and alerts were placed on patient records to identify patients with specific needs

so that they received additional support such as longer appointments. For example learning disability reviews comprised a 20 minutes session with the health care assistant and 20 minutes with the GP. Reception staff contacted these patients and/or their carers prior to the appointment to encourage attendance. At the time of inspection 96% of patients with a learning disability had received an annual health check.

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

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the CCG and national averages of 84%. We discussed this with the practice and they told us that they had devoted resources to improving services for patients with dementia and had developed a memory corner with advice and support materials and had made physical adaptations to the fabric of the building to support these patients. The practice had also delivered additional clinics to support patients with dementia.
- 89% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was slightly below the CCG average of 92% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 94% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the CCG average of 92% and the national average of 91%.

Are services effective?

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example a recent two cycle audit of female patients of child bearing age in receipt of epilepsy medication evidenced overall compliance with guidance and effective implementation of actions in response to medication alerts. Where appropriate, clinicians took part in local and national improvement initiatives, such as participation in the local Vanguard programme (an NHS led programme which sought to improve integrated person-centred care and deliver new models of working).

- It was noted that some exception reporting for specific conditions and activities such as asthma and annual reviews was high at 18% (compared to a CCG average of 9% and a national average of 8%), overall exception reporting was 5% and was comparable to local and national averages (5% and 6% respectively). We discussed exception reporting with the practice who told us that they had adopted a process for exception reporting which was in line with national guidelines. We saw that this was being implemented.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity, and we saw evidence of a high level of clinical audit activity. Learning from clinical audits and other improvement activity was shared within the practice.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. It was noted that on occasion minutes of these meetings lacked some detail and content.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for potentially vulnerable children.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

Are services effective?

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through involvement in consultations and treatment planning and via signposting to support organisations and social prescribing.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.



Are services caring?

We rated the practice as Good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people, all of the four people we spoke with on the day said staff treated them with kindness and concern.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Patient satisfaction was consistently high with regard to services delivered by the practice and their caring attitude. As examples of this, results from the national GP patient survey showed:
 - 100% of patients stated that the last time they saw or spoke with a GP, the GP was good or very good at listening to them compared to a CCG average of 88% and a national average of 89%.
 - 98% of patients stated that the last time they saw or spoke with a GP, the GP was good or very good at treating them with care and concern compared to a CCG average of 84% and a national average of 86%.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- Patient satisfaction was very high with regard to the involvement of patients in decisions made about their care. As examples of this results from the national GP patient survey showed:
 - 96% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared to a CCG average of 80% and a national average of 82%.
 - 94% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to a CCG average of 84% and a national average of 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. It had recently changed and upgraded its telephone messaging system to include patient's options on calling into the practice. However following some adverse patient and staff feedback it was now reconsidering this.
- The practice had expanded its boundary to respond to local capacity and access issues.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours, and home visits were available after assessment for those who could not access the surgery.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice. For example, the practice told us how they supported patients to receive cervical smears in their own home.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice supported social prescribing and was able to refer patients to a local community hub (social prescribing is a means of enabling primary care professionals to refer people to a range of local, non-clinical services such as exercise and walking clubs and other social groups).

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice made weekly visits to patients in residential care to deliver care services directly to patients

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice hosted abdominal aortic aneurysm screening for identified individuals (this screening sought to detect dangerous swellings of the aorta – the main blood vessel that runs from the heart).

People with long-term conditions:

- Patients with a long-term condition received a regular review to check their health and medicines needs were being appropriately met. Patients with multiple conditions were able to have these conditions reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs. In addition, when a patient was housebound or could not physically access the surgery reviews were arranged and carried out in the patient's own home.
- The practice held regular monthly meetings with other local health and care professionals to discuss and manage the needs of patients with complex medical issues.
- The practice held a quarterly meeting with clinicians from secondary care to discuss and review complex diabetic patients.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. Records we looked at confirmed this.
- The waiting room was modern, welcoming, bright and child friendly and children's books were available.
- The practice delivered an extensive contraception, sexual health and family planning service. This included:
 - A dedicated contraception clinic on a Wednesday afternoon to fit and remove coils and implants. Over the previous 12 months the practice had fitted 26 coils and 48 implants.
 - Offered emergency contraception and emergency coil fitting.
 - The practice was a C-Card scheme distribution centre and offered young people free access to condoms.
 - Chlamydia (a sexually transmitted infection) screening packs and young people's mental health support resources were available in reception and in all waiting rooms.

Are services responsive to people's needs?

- The practice had received young person accreditation from a local organisation for the services offered and the way services were made more accessible at the practice. The practice website had a dedicated young person's area.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, appointments were available over the lunchtime period with the minor illness nurse.
- Clinic times were staggered across the day so as to cover as wide range of times as was possible.
- The practice offered telephone consultations and patients had access to online services for appointment booking, repeat prescriptions and accessing some medical records. The practice prescription line was available 24 hours a day.
- The practice hosted a range of external services such as dermatology and physiotherapy services. This enabled patients to be seen in a local community setting instead of secondary care.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances which included those with a learning disability and the frail elderly. Such patients were offered a range of services which included reviews and health checks.
- People in vulnerable circumstances were easily able to register with the practice.
- The practice held a regular monthly meeting with other health and care professionals where the ongoing care needs of vulnerable patients were discussed.
- The practice offered shared care services for patients with addiction issues and hosted a drugs support worker.
- The practice was a member of Wakefield Council's Safer Places Scheme. This provided a safe haven for those within the community that were vulnerable and who may need help and assistance outside their home environment.

- The practice supported the 'Lions Message in a Bottle' initiative which encouraged people to keep their basic personal and medical details on a standard form and in a common location – the refrigerator. This is intended to save the emergency services valuable time if they needed to enter a property in an emergency situation and allowed them to gather key information about the needs of the resident.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice hosted multidisciplinary meetings with members of the local mental health team in the surgery. In addition, the practice enabled a patient to receive services from the mental health team in the surgery rather than at outpatients as this had been assessed to be less threatening and stressful for the patient.
- The practice encouraged continuity of care for patients with the same GP and alerts were put on medical records to remind reception staff of this.
- The practice was dementia friendly accredited and had made changes which included improved signage, and had developed a dedicated area in the waiting room with information and resources to support dementia patients and their carers.

Timely access to care and treatment

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

- The practice offered a range of appointments which included:
 - Urgent/On the day appointments
 - Pre-bookable appointments
 - Telephone consultations
 - Home visits
- The practice offered extended hours clinics and opened from 7:30am every Tuesday, Wednesday and Thursday. In addition, it offered an extended evening clinic on Thursday evening until 8:30pm every four weeks.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Are services responsive to people's needs?

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Patient satisfaction with appointments reported by the national GP patient survey was consistently high. For example, 91% of patients described their experience of making an appointment as good compared to a CCG average of 68% and a national average of 73%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made

complaints compassionately. The practice tried to deal with all complaints immediately and as a result did not record these informal complaints. This approach did not allow an effective analysis of these types of complaints or of trends over time. In addition, complaint response letters did not include routes for the complainant to escalate their complaint should they remain dissatisfied with the practice's response. When we raised these points with the practice they told us that these areas would be actioned by them immediately.

- The practice had developed a complaints policy and procedures to support this. The practice learned lessons from individual concerns and complaints.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

Leadership capacity and capability

Leaders demonstrated during the inspection that they had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategic approach achieve priorities. The practice had developed its vision, values over time and with the input of others.
- Staff were aware of and understood the vision, values and ethos of the practice and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against key delivery targets. For example, the practice told us that it had identified previous areas of underperformance in relation to long-term conditions and had put in place measures to improve this, such as via additional clinics and working closer with patients.

Culture

The practice had a culture of high-quality sustainable care; in particular there was a strong caring culture which was clearly shown across all levels of staff within the practice.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals and were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The practice had established responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out and understood. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. It was noted that some minutes of multi-agency meetings lacked detail or comment.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

In the majority of areas there were clear and effective processes for managing risks, issues and performance.

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and other decisions.
- Clinical audit had a positive impact on quality of care and outcomes for patients. The practice had an extensive audit programme in place and there was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- Health and safety risk assessments which covered the operation of the practice had not been carried out.
- The significant event process showed some inconsistency.
- There was limited assurance with regard to the effectiveness of management of the infection control audit process.
- Checks on emergency equipment had lapsed briefly between 21/02/2018 and 25/04/2018.
- The practice proactively identified patients who were due to attend the surgery that day and who had outstanding or overdue treatment, review or screening needs. This allowed these issues to be raised during the patient's appointment and led to improved care and performance.
- It was noted that the practice had taken action to improve services in response to feedback given at the last Care Quality Commission inspection carried out in 2015. For example, the practice had instituted regular fire drills.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had an established patient participation group and was actively examining ways to develop this further.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was because:</p> <p>A systematic and documented health and safety risk assessment which covered the operation of the practice had not been carried out.</p> <p>The significant event process showed some inconsistency.</p> <p>There was limited assurance with regard to the effectiveness of management of the infection control audit process.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |