

# Queen Street Surgery

## Quality Report

60 Queen Street,  
Normanton,  
Wakefield.  
WF6 2BU

Tel: 01924 893277

Website: [www.queenstreetmedical.co.uk](http://www.queenstreetmedical.co.uk)

Date of inspection visit: 14 and 15 March 2016

Date of publication: 03/06/2016

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

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Queen Street Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Queen Street Surgery on 14 and 15 March 2016. Overall the practice is rated as good.

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

- The provider was aware of and complied with the requirements of the Duty of Candour (being open and transparent with people who use the service, in relation to care and treatment provided). This was reflected in their open, honest and transparent approach to safety. All staff were encouraged and supported to report and record any such incidents. There was evidence of investigation, and learning and sharing mechanisms were in place.
- Risks to patients were assessed and well managed and policies and procedures had been developed to support effective management and governance.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Staff had received additional training with regard to learning disabilities and dementia to enable them to better support these specific patient groups.
- Information regarding the services provided by the practice was available for patients.
- There was a complaints policy and clear information available for patients who wished to make a complaint.
- Patients said they generally found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and a stable workforce in place. Staff were aware of their roles and responsibilities and told us the GPs and manager were accessible and supportive. The practice promoted an all-inclusive approach amongst staff.

# Summary of findings

- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.

We saw some areas where the provider should make improvements:

- The practice should ensure that proof of identification checks are carried out and recorded in relation to all newly recruited staff.

- The practice should ensure that all clinical equipment is regularly checked to determine that it is within date and suitable for use.
- The practice needed to review and update its records in relation to the immunity and vaccination status of its staff to ensure that these were up to date.

**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 and
- There was a nominated lead for safeguarding children and adults. Systems were in place to keep patients and staff safeguarded from abuse.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed. For example there were processes in place for safe medicines management and infection prevention and control.
- Identification checks for newly recruited staff had not been done or recorded.
- Some equipment had exceeded its expiry date and was not appropriate for use.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Weekly clinical meetings were held between the GPs and nursing staff to discuss patient care and complex cases and monthly multi-disciplinary meetings were held to discuss ongoing care, hospital discharges, palliative care and safeguarding issues.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. The practice used a risk profiling tool to identify these patients. The practice then carried out advanced care planning and regular patient reviews, which involved multi-disciplinary working across health and social care providers.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

# Summary of findings

- 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.
- The practice had achieved high vaccination and immunisations rates for both adults and children. For example 100% of five years olds had received their required immunisations.

## 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. For example, 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- Patients said they were treated with compassion, dignity and respect.
- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 offered atrial fibrillation testing and hosted specialist services which included health trainers, audiology, physiotherapy and abdominal aortic aneurysm screening. The practice helped to develop and had supported guided health walks in the local area.
- Patients said they generally found it easy to make an appointment with a 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. The children's area in the waiting room had recently been refurbished and was colourful and cheerful.
- 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.

# Summary of findings

## Are services well-led?

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

Good



- 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 this.
- The practice had developed and adopted a Patients' Charter which highlighted to patients their rights and expectations in relation to the services they would receive.
- 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 (being open and transparent with people who use the service, in relation to care and treatment provided).
- There were systems in place for being aware of notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.

# 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 delivered an unplanned admissions avoidance service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. The practice carried out advanced care planning and regular patient reviews, which involved multi-disciplinary working across health and social care providers. The register of patients in this cohort was reviewed on a monthly basis at practice meetings.
- The practice had achieved a high uptake for flu vaccination (84%) for this group of patients.
- The practice helped to develop and had supported guided health walks in the local area.

### People with long term conditions

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

Good



- The practice provided nurse led clinics for conditions which included diabetes, asthma, chronic obstructive pulmonary disease (COPD) and coronary Heart disease (CHD).
- Patients at risk of hospital admission were identified as a priority as part of the practice's unplanned admissions avoidance service.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- Almost 65% of patients with three or more long term conditions had a care plan in place that was reviewed annually.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, the practice

# Summary of findings

held monthly multidisciplinary meetings with community nurses, palliative care nurses, and health and wellbeing advisors where the needs of specific patients were discussed and care packages were reviewed.

- The practice had a dedicated mobile telephone line available for patients with long term conditions. Patients are told that they can ring weekdays 8am to 6.30pm, bypassing the main switchboard if they had concerns regarding their condition.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people for whom there were safeguarding concerns.
- Immunisation rates were high for all standard childhood immunisations, achieving 100% for many vaccinations.
- 80% of patients with asthma, on the register, had received a review in the preceding 12 months compared to a national average of 75%.
- We were told that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Sexual health, contraceptive and cervical screening services were provided and the practice participated in the c-card scheme which gave young people access to contraceptives.
- 83% of women aged 25-64 had on record that a cervical screening test had been carried out in the preceding five years compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held monthly meetings with health visitors to discuss safeguarding concerns.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, well-person screening appointments were available on request.

Good



# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice hosted specialist services which included health trainers, audiology, physiotherapy and abdominal aortic aneurysm screening.

## 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



- The practice held a register of patients living in vulnerable circumstances which included those with a learning disability
- The practice offered longer appointments for patients with a learning disability
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was accredited as part of the Wakefield Safer Places Scheme. This offered a place of safety and support to vulnerable people when in the community and away from home. For example, should a vulnerable person present themselves at the practice in a distressed or confused state the practice would endeavour to assist and support them.

## 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).

Good



- 88% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which compared favourably when compared to the national average of 84%.
- 100% of patients who had a severe mental health problem had received an annual review in the past 12 months and had a comprehensive, agreed care plan documented in their record. This was higher than the national average of 88%.

# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia and the practice had been accredited as 'dementia friendly'.

# 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 overall performing slightly better than national averages. 256 survey forms were distributed and 119 were returned, a response rate of 47%. This represented 5% of the practice's patient list. For example:

- 90% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 71% were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 76%.
- 91% described the overall experience of their GP surgery as fairly good or very good compared to a national average of 85%.

- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a 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 38 comment cards, the majority of which were positive about the standard of care received. In particular many cards recorded that staff were friendly and helpful.

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

# Queen Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist adviser.

## Background to Queen Street Surgery

The Queen Street Surgery is located in a mixed residential and commercial area of Normanton, West Yorkshire. The practice currently provides services for around 2,400 patients. The surgery is located in a three storey purpose built building which it shares with an independent healthcare organisation. The practice occupies the ground floor and part of the first floor and has been operating at the site since 2005. The surgery has parking to the front of the building and additional parking is available on nearby street should this be required. The surgery has easy access for those with a disability.

After a long period of low staff turnover the practice has recently experienced some changes including the retirement of an existing GP partner and their replacement with an advanced nurse practitioner. From April 2016 the senior GP partner will also be retiring to be replaced by a new GP partner, this will also be accompanied by some changes in surgery management and operation. The practice is a member of the NHS Wakefield Clinical Commissioning Group (CCG.)

The practice population age profile shows that it is slightly above the England average for those over 65 years old (23% compared to a CCG average of 18% and an England average of 17%). The practice population is predominantly White British in composition.

The practice provides services under the terms of the Personal Medical Services (PMS) contract and is registered with the Care Quality Commission (CQC) to provide the following services; treatment of disease, disorder or injury, diagnostic and screening procedures, family planning, surgical procedures and maternity and midwifery services. In addition to this the practice offers a range of enhanced local services including those in relation to;

- Childhood vaccination and immunisation
- Diagnosis and support for people with dementia
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Minor surgery
- Risk profiling and care management
- Unplanned admissions

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 and menopause and osteoporosis.

Attached to the practice or closely working with the practice is a varied team of community health professionals including health visitors, midwives, community nurses and the local health and wellbeing team (offering community support and advice via referral or self-referral).

The practice has two GP partners (male) and one advanced nurse practitioner partner (female). In addition there is one practice nurse and one healthcare assistant /receptionist (both female). Clinical staff are supported by a practice manager, an administration/reception team and a cleaner.

The practice offers a range of appointments and consultations, these include:

# Detailed findings

- Pre-bookable appointments – up to 12 weeks in advance.
- Urgent and emergency appointments.
- Telephone consultations with a GP or advanced nurse practitioner. After the initial call the practice will ring the patient at an agreed time to discuss their condition.

The practice is open Monday to Friday 8am to 6.30pm. Clinical appointments are available:

- Monday 8.50am to 11am and 3pm to 5.30pm.
- Tuesday 8.50am to 11am and 3pm to 5.30pm.
- Wednesday 8.50am to 11.00am.
- Thursday 8.50am to 11am and 3pm to 5.30pm.
- Friday 8.50am to 11am and 3pm to 5.30pm.

Home visits are also available.

Appointments can be made in person, on the telephone or online.

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

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 and 15 March 2016. During our visits we:

- Spoke with a range of staff which included GP partners, an advanced nurse practitioner, the practice manager and other members of the nursing and administration team.
- Spoke with patients who used the service.
- Observed in the reception area how patients/carers/family members were treated.
- Looked at templates and information the practice used to deliver patient care.
- Spoke with NHS Wakefield Clinical Commissioning Group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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)

## Detailed findings

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.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one recorded incident involved a two week wait cancer referral. This had not been confirmed by email and as a result the initial appointment was delayed. The practice investigated the incident and implemented an improved process which involved the daily checking of referral confirmations to prevent a recurrence.

When there were unintended or unexpected safety incidents, we were told that patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who met on a monthly basis with health visitors. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding Level Three. The safeguarding policy had recently been updated to cover female genital mutilation.

- A notice in the waiting room 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 a medical examination or procedure). All staff who acted as chaperones had received instruction in the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection 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 online. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing and we saw evidence that prescribing performance was consistently good. Prescription pads and blank prescription forms were securely stored and there were systems in place to monitor their use.
- The advanced nurse practitioner had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However it was noted that proof of

## Are services safe?

identification was not recorded in the personnel files and we were told this would be actioned. We also noted that the practice needed to review and update its records in relation to the immunity and vaccination status of its staff to ensure that these were up to date.

- 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments but had not carried out regular fire drills within the last year. We discussed this with the practice and were assured that a drill would be held as a priority. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated regularly. During the inspection a small amount of out of date oxygen tubing and airways were identified and the practice was advised of the need to check equipment on a routine basis to ensure that it is within date and 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 that enough staff were on duty, and staff emergency cover was available via an agreement with a nearby practice.

### Arrangements to deal with emergencies and major incidents

The practice had adequate 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs. Updates were also discussed at practice meetings. The practice monitored that these guidelines were followed.

### 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 100% of the total number of points available were achieved, with 8% exception reporting which was comparable to the CCG exception reporting figure. (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;

- 87% of patients with diabetes had an HbA1C result which was within normal parameters, compared to 78% nationally. (HbA1c is a blood test which can help to measure diabetes management.)
- 97% of patients with diabetes had received a foot examination and a risk classification for potential problems, compared to 88% nationally.
- 88% of patients with hypertension had a blood pressure reading which was within normal parameters, compared to 84% locally and nationally.

Clinical audits demonstrated quality improvement.

- We saw evidence that clinical audits had been completed in the last two years; four of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of minor surgery had indicated that consent to treatment was not being fully recorded on the patient record. The practice reviewed the process to ensure that consent is now fully recorded. This was corroborated during the inspection.

### Effective staffing

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

- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics. Staff were also supported to attend role specific training and updates, for example long term conditions management and learning disabilities. Staff had access to and made use of e-learning training modules, in-house training and external training.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

### 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. Information such as NHS patient information leaflets were also available.

# Are services effective?

## (for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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 evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans including end of life care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and alcohol consumption. For example, patients were able to access a dietician who delivered sessions at the practice. Patients who required services not delivered within the practice were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 62% of the practice population 60 to 69 years olds had been screened for bowel cancer in the preceding 30 months compared to CCG and England averages of 58%

Childhood immunisation rates for the vaccinations given were better than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% (CCG averages ranged from 95% to 98%) and for five year olds attainment was 100% (CCG averages ranged from 92% to 97%).

The practice had achieved a flu vaccination rate of 84% for older people in 2015.

The practice delivered an avoiding unplanned admissions service as a Direct Enhanced Service which provided proactive care management for patients who were vulnerable with complex needs and who could be at risk of unplanned hospital admission. Once identified the practice then carried out care planning which involved multi-disciplinary working across health and social care with regular patient reviews (some multi-condition) being carried out. Patients and carers were given a dedicated practice telephone number to contact if their condition worsened.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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 reception 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.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.

The majority of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were highly 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. Numerous cards recorded the caring and friendly attitude of staff at all levels within the practice.

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

- 96% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.

- 91% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

### 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 on the comment cards we received was also positive and aligned with these views.

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

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. In addition a hearing loop had been fitted in the reception area.

The practice had worked with the Wakefield "Young Inspectors' programme", which was operated by the Youth Association, and sought to improve health and care services for children and young people. The practice had reviewed feedback from the survey carried out as part of the programme, and as a result from 4 April 2016 planned to introduce a text messaging service for patients to remind them of upcoming appointments.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations; these included local carers support groups, weight management services and information related to dementia support.

The practice's computer system alerted GPs if a patient was also a carer, at the time of inspection the practice had 45

patients on its carers register (this was around 2% of the practice population). The practice also kept registers of patients with palliative care needs, mental health needs and dementia.

Staff told us that if families had experienced bereavement they could access the practice for an appointment and receive support, counselling or signposting to other organisations.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability or the frail elderly.
- Home visits were available for older patients and patients who would benefit from these.
- Same day urgent and emergency appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and interpretation services available.
- The practice had recently begun to offer in-house atrial fibrillation testing (Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate).
- Abdominal aortic aneurysm screening was hosted within the surgery and the practice currently had 15 patients on its register (An abdominal aortic aneurysm is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body).
- Long term condition clinics were organised and run by a dedicated nurse for conditions which included asthma, diabetes, chronic obstructive pulmonary disease and coronary heart disease. Additionally the practice provided a dedicated telephone line for patients with long term conditions to contact them directly.
- The practice had a dedicated mobile telephone line available for patients with long term conditions. Patients are told that they can ring weekdays 8am to 6.30pm, bypassing the main switchboard if they had concerns regarding their condition.

### Access to the service

The practice was open between 8am to 6.30pm Monday to Friday, with appointments being available Monday,

Tuesday, Thursday and Friday 8.50am to 11am and 3pm to 5.30pm and on Wednesday 8.50am to 11am. The practice did not offer extended surgery hours. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was either comparable to or better than national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 90% patients said they could get through easily to the surgery by phone compared to the national average of 73%.

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

### 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at three complaints received in the last 12 months and found that these had been satisfactorily handled. When required we were told that lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Complaints were discussed at the weekly practice meeting and key findings and learning points cascaded to staff.

# 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 which was printed in the practice leaflet. When we spoke with staff they showed they understood the values it contained.
- The practice had developed and adopted a Patients' Charter which highlighted to patients their rights and expectations in relation to the services they would receive.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff, examples of which included recruitment and complaints policies
- A comprehensive understanding of the performance of the practice was maintained with individual named members of the practice having key roles to play. For example, the lead GP partner was responsible for monitoring QOF performance
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told

us they were approachable and always took the time to listen to all members of staff. The practice had developed practical plans with regard to the future of the practice and succession planning. For example, from April 2016 the senior lead GP partner will be retiring and will be replaced by a new lead GP partner, and at the same time this will be accompanied by some changes in surgery management and operation.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient

# Are services well-led?

Good 

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

surveys and submitted proposals for improvements to the practice management team. For example, the PPG had helped to redesign the children's area in the waiting room and a member of the PPG had helped to support the practice achieve 'dementia friendly' status.

- The practice had gathered feedback from staff through appraisals and training sessions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved in the day to day operation of the practice and engaged to improve how the practice was run.

## Continuous improvement

There was evidence of continuous learning and improvement at all levels within the practice. The practice team was forward thinking and innovative in their approach to schemes to improve outcomes for patients in the area. For example:

- The practice worked closely with partners such as the local Health and Wellbeing team to improve outcomes for patients which were outside the direct remit of the practice eg referring on those who required lifestyle and social care advice and support.
- The lead GP partner had founded the Normanton and Altofts Healthwalks Groups.