

Orchard Croft Medical Centre

Quality Report

Cluntergate

Horbury

Wakefield

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Orchard Croft Medical Centre and Netherton branch surgery on 21 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
 - Data showed patient outcomes were at or above average compared to the national average.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was continuity of care, with urgent appointments available the same day.
- The practice had recognised some low patient satisfaction with regard to access and had put in place measures such as increasing the numbers of telephone lines to improve this.
- There was evidence of appraisals and personal development plans for all staff.
- The practice had developed their own advice and resources to support staff such as an advice note containing simple information to improve prescribing and medicines optimisation.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

There was an area of outstanding practice:

- In 2016 the practice had begun to offer atrial fibrillation screening. From 1 April 2016 399 patients have been screened and identified 16 patients who needed further investigation. Of these patients, six were identified as suffering from atrial fibrillation and had received effective follow up care.

There were areas where the provider should make improvements:

- Review and address the areas of concern which had not been actioned in relation to the Infection Prevention and Control (IPC) audit which had been carried out at the Netherton branch surgery in July 2015.

- Review the clinical waste storage arrangements at the Netherton branch surgery. At the time of inspection the bulk waste bin was outside the practice awaiting collection. The bin lid was not secured due to a missing lock and therefore the clinical waste stored inside was open to the public.
- Review the immunity status of staff in relation to measles, mumps, rubella and chickenpox in order to assure themselves that their staff are adequately protected in line with the latest guidance.

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 we saw evidence that these were discussed by staff at clinical meetings to share learning and prevent recurrence.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had pharmacist support through participation in a Wakefield Vanguard programme (Vanguard programmes seek to develop new care models which support the improvement and integration of services) and used this for activities such as carrying out medication reviews and dealing with queries with regards to medicines.
- Some areas of concern identified in an IPC audit carried out at the Netherton branch surgery in July 2015 had not been actioned. In addition on the day of inspection clinical waste awaiting collection at the branch surgery was not being stored in a lockable container.
- The practice had not checked the immunity status of staff in relation to measles, mumps, rubella and chickenpox.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were limited in depth and scope and this was recognised by the practice. However we saw that the audits which had been carried out were shared across the practice and that there was some evidence of quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had developed their own advice and resources to support staff such as an advice note containing simple information to improve prescribing and medicines optimisation.
- The practice had the services of a pharmacist and physiotherapists on site who delivered activities such as medication reviews and consultations with patients.
- GPs and members of the nursing team also had specialist training and interests. For example, the practice could offer a level four diabetes service which included insulin initiation and pain management services which included joint injections.
- GP Trainees and locum GPs received comprehensive guidance and support and were able to access an induction pack.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients told us on the day, and patient survey responses indicated that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff offered additional help to patients with dementia when booking appointments and when they arrived at the practice.

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 Wakefield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
 - The practice worked within a local Vanguard programme. By participating in this programme the practice delivered enhanced health and care signposting, referral and information for patients (using care navigators and

Summary of findings

improved IT access), extended hours access to services, and offered in-house services such as physiotherapy. The practice also worked closely with other health and care professionals to integrate and link services for patients.

- The practice hosted a number of additional services which included; abdominal aortic aneurysm (AAA) screening, enhanced diabetes clinics, and a weekly clinic with a local provider for patients from their own and other practices that had common mental health issues.
- Saturday morning appointments were available at the main surgery from 8am to 11am.
- 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.
- There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered patients a range of online services which included electronic prescribing and appointment booking.
- The practice offered online consultations with secondary care specialist consultants.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a mission statement which it had developed with the involvement and input of all staff members. As a result the ethos and values it contained were understood by all staff within the practice.
- 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.

Good



Summary of findings

- 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 practice had a positive attitude to information sharing and in addition to a general website had a second in-house website www.orhardcroftmc.com which contained clinical advice and support information. This could be accessed by health professionals and patients.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and worked closely with the practice to achieve improvements to services.
- There was a focus on continuous learning and improvement at all levels. To illustrate this, following the last Care Quality Commission inspection in 2014 the practice had taken detailed action with regard to points raised within the report. As examples of this, staff involved in chaperone duties had received training, and the significant event information sharing process was improved to ensure staff were aware of issues and learning points.

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, this included offering housebound patients home visits by GPs and a member of the nursing team.
- The practice delivered care to 58 patients who lived in three residential/nursing homes. This care involved weekly visits to the homes where care needs would be met and reviews carried out.
- The practice hosted an Abdominal Aortic Aneurysm (AAA) screening programme for male patients over 65 years of age (AAA is a swelling of the aorta, the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body). In 2015/2016 74 patients were screened and two aneurysms were detected. These two patients were followed up by the programme coordinators and received necessary secondary care support.
- Annual flu, pneumococcal and shingles vaccination programmes were delivered by the practice; these included vaccinations administered at dedicated weekend clinics.
- 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. At the time of inspection the practice had 194 patients (around 2% of the practice list) on their avoiding unplanned admissions register.
- The practice offered electronic prescribing, sending prescriptions direct to the patient's pharmacy of choice. This made the prescribing and dispensing process more efficient and convenient for patients.

People with long term conditions

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

Good



- GPs and nursing staff had lead roles in chronic disease management such as diabetes and pain management. The

Summary of findings

practice kept registers of patients with long term conditions and used these to effectively manage treatment packages which included structured examinations, the development of personalised care plans and regular reviews.

- The practice offered online consultations with secondary care specialist consultants. (An online consultation is a mechanism that enables primary care providers such as GPs to obtain specialist input into a patient's care and treatment without requiring the patient to attend a face-to-face visit, by using IT based communication links and data sharing).
- The practice delivered dedicated diabetic clinics in conjunction with a local secondary care consultant and nurse. The practice also offered specialist care management for diabetes and enhanced services such as insulin initiation in-house. Performance in relation to diabetes was above local and national averages, for example 96% of patients on the diabetes register had a record of a foot examination and risk classification having been carried out in the previous 12 months, compared to a Clinical Commissioning Group (CCG) average of 89% and a national average of 88%.
- There was a designated area on the practice website which specifically gave information to patients in respect to cardiology.
- Longer appointments and home visits were available when these were needed by patients.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had begun to offer atrial fibrillation screening (atrial fibrillation is an abnormal heart rhythm characterized by rapid and irregular beating and the condition is associated with an increased risk of heart failure, dementia, and stroke). From 1 April 2016 399 patients had been screened and this had identified 16 patients who needed further investigation and of these patients six had some form of atrial fibrillation detected. These patients have all received further support and investigation, for example, three patients have received anticoagulant medication (anticoagulants are used to prevent heart attacks, strokes, and blood clots) and one is awaiting a referral to an anticoagulation clinic. The patients have also received education with regard to diagnosis, treatment and management as well as having received

Summary of findings

anticoagulation counselling. A partner from the practice with a specialist interest in cardiology had developed atrial fibrillation screening guidelines which have been adopted by the Wakefield cardiology network.

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. Monthly meetings were held with health visitors to discuss safeguarding issues.
- Childhood immunisation rates for the vaccinations given were above CCG and national averages.
- We were told by the practice that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided a full range of family planning services and had recall systems in place to support patients in receipt of these services. In addition staff had received c-card training (the c-card programme aims to give improved access to contraceptives to young people).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a system in place to contact new mothers to arrange six week mother and baby checks.

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, the practice offered extended hours access on a Saturday morning 8am to 11am with a GP and a nurse and patients were able to make appointments, request prescriptions and view their medical records online.
- Telephone consultations were available with GPs and nurses.

Good



Summary of findings

- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group. This included referrals to other health partners such as health trainers and hosting clinics for patients with mental health issues
- The practice participated in the Measles, Mumps and Rubella and Meningitis C catch up programme for young people.

People whose circumstances may make them vulnerable

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

- The practice held registers of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with specific needs such as the frail elderly with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- A member of staff had received level one training in British Sign Language.
- Flags on patient's notes alerted staff when a patient had a hearing impairment and may need extra support.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice had developed a protocol to alert GPs and nurses should a patient with a firearm certificate develop mental health problems. Letters received from the Police informing the practice that an individual held a firearms certificate were scanned into the patient record and a code added to inform staff of this. This had been used on one occasion and enabled the practice and Police to work together to support a firearms certificate holder who had expressed suicidal thoughts.

Good



Summary of findings

- The practice hosted a weekly clinic with a local provider for patients from their own and other practices that had mental health issues. Patients could self-refer for an appointment at this clinic or could attend on a drop-in basis.
- Templates used for NHS health checks and over 75s health checks contained a dementia screening tool.
- Annual dementia reviews were carried out with patients on the dementia register and appointments dates were sent in writing to patients to help them remember when these reviews were due. Additional support was offered to patients with dementia when they attended the surgery.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive and agreed care plan documented; this was above the local CCG average of 89% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. In addition the practice regularly monitored the records of patients with mental health issues to ensure checks and reviews had taken place.
- The practice carried out advance care planning for patients with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed some mixed performance when compared to local and national averages. Survey forms were distributed to 239 patients and 116 were returned which was a response rate of 49%. This represented 1% of the practice's patient list.

- 44% of patients found it easy to get through to this practice by phone compared to the national average of 73%
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%

We saw evidence that the practice actively reviewed survey feedback and took action to improve satisfaction. For example, the practice had increased the number of telephone lines within the practice to improve patient contact and accessibility.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. In particular many of the comments praised the staff for their caring, helpful and friendly attitude.

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

Orchard Croft Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Orchard Croft Medical Centre

The practice operates from a main surgery which is located at Orchard Croft Medical Centre, Cluntergate, Horbury, Wakefield, West Yorkshire WF4 5BY; it also delivers services from Netherton Branch Surgery, Netherton Place, Netherton, Wakefield WF4 4LS. The practice serves a patient population of around 11,650 patients and is a member of NHS Wakefield Clinical Commissioning Group.

The main surgery is situated in purpose built premises which opened around 30 years ago. The surgery is located over two floors and is accessible for those with a physical disability. There is parking available on the site for patients. The branch surgery is also located in a purpose built premises which is accessible to those with a disability and there is parking available adjacent to the building.

The practice population age profile shows that it is above both the CCG and England averages for those aged over 65 years old (20% compared to the CCG average of 18% and England average of 17%). Average life expectancy for the practice population is 80 years for males and 83 years for females (CCG average is 77 years and 81 years and the England average is 79 years and 83 years respectively). The practice population is predominantly White British.

The practice provides services under the terms of the General Medical Services (GMS) contract. In addition the practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Extended hours access
- Dementia support
- Risk profiling and case management
- Support to reduce unplanned admissions
- Improving patient online access
- Minor surgery
- Patient participation

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

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

The practice has five GP partners (two male, three female), two salaried GPs (one male, one female), one GP registrar (female). In addition there is one advanced nurse practitioner, five nurses and two health care assistants (all female). Clinical staff are supported by a practice manager, an assistant practice manager, a data manager and an administration and reception team. In addition the practice also has the services of pharmacists and physiotherapists on site.

Detailed findings

The practice appointments include:

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

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

The practice is open between:

Orchard Croft Medical Centre 8am and 6.30pm Monday to Friday and 8am to 11am on Saturday.

Netherton Branch Surgery 8am to 1pm and 2pm to 6pm on a Wednesday and 8am to 1pm on a Friday.

Additionally the practice works with other local GPs to offer appointments from 6.30pm to 8pm Monday to Friday and from 9am to 3pm on a Saturday and Sunday. This service is delivered from premises approximately 2.5 miles from the main Orchard Croft Medical Centre.

Orchard Croft Medical Centre is accredited as a training practice, and also acts as a teaching practice for a local university. It therefore hosts and supports GP trainees and third year medical students.

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

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 September 2016. During our visit we:

- Spoke with a range of staff which included GP partners, members of the nursing team, the deputy practice manager, the data manager and members of the administration and reception team.
- Spoke with patients who were all extremely positive about the practice and the care they received.
- Reviewed comment cards where patients and members of the public shared their views. All comments received were positive about the staff and the service they received.
- Observed in the reception area how patients were engaged with and treated by reception staff.
- Spoke with members of the patient participation group, who informed us how well the practice engaged with them.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

Detailed findings

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a form available for staff to record incidents. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and we saw evidence that these and other key updates such as medicines alerts were fully discussed at clinical meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we were told by the practice of an incident were information regarding two patients with similar names was mixed. The incident was examined and a new process was instituted which added extra safeguards such as checking dates of birth and addresses to prevent a recurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP had been appointed with a deputy to act as a lead member of staff for safeguarding. The GP held regular monthly

meetings with the health visitor where current cases were discussed. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to safeguarding level three, members of the nursing team were trained to level two and non-clinical staff were trained to level one.

- 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 an intimate medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A member of the practice nursing team was the infection prevention and control (IPC) clinical lead and they liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address improvements identified as a result at the main Orchard Croft Medical Centre. However, it was noted that some areas of improvement had not been actioned in relation to the IPC audit carried out at the Netherton branch surgery in July 2015. For example, some carpeting was stained and not all furniture in the consulting rooms was made from impervious washable materials. In addition the clinical waste storage at the Netherton branch surgery was inadequate: at the time of inspection the bulk waste bin was outside the practice awaiting collection. The bin lid was not secured due to a missing lock and therefore the clinical waste stored inside was open to the public presenting a health and safety risk.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling and storage).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

audits, with the support of the local CCG medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. In addition via a local Vanguard programme, the practice had the services of a pharmacist who supported the practice in respect to medicines management and optimisation.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received support and advice from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines (PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions). In addition health care assistants were trained to administer vaccines and medicines against Patient Specific Directions (a PSD is a written instruction, signed by a prescriber eg a doctor, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the practice had not checked the immunity status of staff in relation to measles, mumps, rubella and chickenpox.

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 displayed which identified local health and safety representatives. During the visit to the Netherton branch surgery the paving leading to the entrance door was uneven in areas with cement infill missing from between the paving slabs, this was pointed out to the practice at the time of inspection and at the feedback session as it

posed an immediate risk. Since the inspection we have been informed by the practice that remedial work has been carried out to improve the paving leading to the branch surgery. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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 bacterium which can contaminate water systems in buildings).

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

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 and a panic button 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 at both of the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice 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. We were told that the business continuity plan had been put into use when the practice suffered a power failure and had worked well.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 99% of the total number of points available compared to a CCG average attainment of 96% and a national average attainment 95%. Overall exception reporting for the practice was 6% compared to a CCG average of 8% and a national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was either comparable to or above the local and national averages. For example, 96% of patients on the diabetes register had a record of a foot examination and risk classification having been carried out in the previous 12 months compared to a Clinical Commissioning Group (CCG) average of 89% and a national average of 88%.

- Performance for mental health related indicators was generally above the local and national averages. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive and agreed care plan documented; this was above the local CCG average of 89% and the national average of 88%.

The practice had designated GPs to lead on areas of QOF and performance was monitored by the practice data manager and discussed at practice meetings.

There was some evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years. Prior to and during the inspection we reviewed audits which included those in relation to shared care medication and minor surgery. Some of these audits were limited in depth and scope and the practice told us that they had plans to improve this. However, we found that audits which had been carried out were effectively shared across the practice and that some improvement had resulted from this activity. For example, the audit into shared care medication had improved processes for monitoring patients.
- The practice participated in local audits, peer review and research.
- As a result of participating in one of the two local Wakefield Vanguard programmes, the practice had the services of a pharmacist and physiotherapists on site. As well as being able to provide specialist knowledge within the practice, the pharmacist and physiotherapists also freed clinicians' time to carry out other duties. For example, between 1 April 2016 and 10 August 2016 the physiotherapist had dealt with 76 appointments and saved an estimated 13 hours of GP time.

Over the same period the pharmacist carried out 1,861 interventions which included carrying out medication reviews, dealing with medication requests and giving medicines advice. This had saved an estimated 233 hours of GP time.

As part of the programme the practice had also trained reception staff to act as care navigators to refer or signpost patients to more appropriate health and care services. They were also able to explain to patients in more depth the range of services and treatment options available to

Are services effective?

(for example, treatment is effective)

them. Within the same time period they had dealt with 303 patient contacts and made referrals to other health professionals which included 165 referrals to a pharmacist, and 53 to a physiotherapist. These activities were estimated to have saved 42 hours of GP time within the practice, as patients had been referred to other appropriate services rather than see a GP.

- The practice delivered dedicated diabetic clinics in conjunction with a local secondary care consultant and nurse. The practice also offered specialist care management for diabetes and enhanced services such as insulin initiation in-house.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. GP Trainees and locum GPs also received comprehensive guidance and support and were able to access an induction pack. We saw evidence that GP trainee feedback regarding the support they received from the practice was positive.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- GPs and members of the nursing team also had specialist training and interests. For example, the practice could offer a level four diabetes service which included insulin initiation and pain management services which included joint injections.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate that they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

scope of their work. This included ongoing support, one-to-one meetings, coaching, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and locally provided training.
- The practice had developed resources and advice to support staff. These included:
 - Ten Top Tips for prescribing and medicines optimisation
 - A protocol to alert GPs and nurses should a patient with a firearms certificate develop mental health problems.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Partners were able to share and access patient information with other healthcare providers, such as district nurses via the common IT system, and the practice shared details of patients who were approaching the end of life with the out of hours service provider.
- The practice offered online consultations with secondary care specialist consultants. In addition the practice used electronic referrals.
- The practice also used the Electronic Palliative Care Co-ordination System (EPaCCS); this provided a shared locality record for health and social care professionals which allowed rapid access across care boundaries to key information about an individual.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

Are services effective?

(for example, treatment is effective)

moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. 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 and signposted those to relevant services. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- who required healthy lifestyle advice, such as in relation to diet and weight management and alcohol reduction

Patients could also access support from a range of NHS, local authority and third sector organisations either directly via staff within the practice or were informed how to self-refer from leaflets and literature which were available in waiting rooms and consulting rooms.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Childhood immunisation rates for the vaccinations given were above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 99% (CCG figures ranged from 86% to 98% and national figures ranged from 73% to 95%) and five year olds from 95% to 100% (CCG figures ranged from 88% to 97% and national figures ranged from 81% to 95%). The practice contacted parents of children who had missed immunisation appointments and where necessary discussed these with the health visitor.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40 to 74 and health checks on patients aged 75 and over. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 14 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 the chairperson of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said they felt that the dignity and privacy of patients was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed mixed satisfaction in respect to feeling that they were treated with compassion, dignity and respect. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%
- 78% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG 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 from the comment cards we received was also positive and aligned with these views.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%

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

- Staff told us that translation and interpretation services were available for patients who did not have English as a first language. In addition a member of staff had received level one training in British Sign Language.
- A hearing loop was available to assist those with a hearing impairment, and a wheelchair could be requested if a patient had a mobility problem.
- Staff offered additional help to patients with dementia when booking appointments and when they arrived at the practice.

Are services caring?

- Flags on patient's notes alerted staff when a patient had a hearing impairment and may need extra support.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 152 patients as

carers (over 1% of the practice list). The practice actively sought to identify patients who were carers. They had worked closely with the Carers Association who had attended previous flu clinics in order to raise awareness of services and support which were available locally. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement the practice would be available to support them with their ongoing health and wellbeing needs.

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.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for young children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- 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. At the time of inspection the practice had 194 patients on their avoiding unplanned admissions register, of these patients 187 had had a care plan reviewed in the previous 12 months. Patients who had been admitted to hospital were contacted by the practice within three days of discharge to discuss their on-going needs.
- The practice provided services to 58 patients who resided in three care homes. These services included weekly visits to the home and care planning.
- The practice was a member of West Wakefield Health and Wellbeing Ltd (a federated network of GP practices and other health and partners). With these partners, and as part of a local Vanguard programme, the practice and others sought to provide a larger, more diverse primary care team within the local area and deliver better co-ordinated services to meet patient need. A key element of the programme was improved physical access to care. The practice supported this approach and had:
 - Trained and used reception staff as care navigators to refer and signpost patients to appropriate health and care services should these be appropriate rather than access a GP appointment. They were also able to explain to patients in more depth the range of services and options available to them.
- Increased patient access to information regarding care services and wellbeing opportunities.
- Worked closely with other health and care providers to provide integrated care within the community.
- Offered services led by a pharmacist and physiotherapists. These staff were able to either directly support clinical staff or deliver enhanced services to patients which reduced the need to access these services at other locations and demand on primary and secondary care services.
- Offered extended access to services from 6.30pm to 8pm on weekdays and from 9am to 3pm at weekends. 185 patients had accessed these additional appointments and 96% of patients said they were likely or extremely likely to recommend this service.
- Offered access to PEARS (primary eye care acute referral scheme). Patients could access appointments at local opticians for recent onset eye conditions such as loss of vision, blurred vision and ocular discomfort.
- The practice either operated or hosted a number of additional specialist services and clinics, these included:
 - A quarterly diabetic clinic delivered in conjunction with a local secondary care provider. So far in 2016, 69 patients had been seen at clinics run by a GP and consultant or at clinics run by a practice nurse and a diabetic specialist nurse. The practice also offered specialist care management to patients on the practice diabetes register and enhanced services such as insulin initiation in-house. In 2016 11 patients had been started on insulin or other diabetes medicines within the practice.
 - The practice hosted an Abdominal Aortic Aneurysm (AAA) screening programme for male patients over 65 years of age (AAA is a swelling of the aorta, the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body). In 2015/2016 74 patients were screened and two aneurysms were detected. These two patients were followed up by the programme coordinators and received necessary secondary care support.
 - In 2016 the practice had begun to offer atrial fibrillation screening. From 1 April 2016 399 patients

Are services responsive to people's needs?

(for example, to feedback?)

have been screened and identified 16 patients who needed further investigation. Of these patients, six were identified as suffering from atrial fibrillation and had received effective follow up care.

- The practice hosted a weekly clinic with a local provider for patients from their own and other practices that had mental health issues. Patients could self-refer for an appointment at this clinic or could attend on a drop-in basis.
- Other hosted services included those in relation to twice monthly clinics for dermatology and ultrasound. The services could be accessed by practice patients as well as those from other practices.
- The practice had developed a page on the website specifically to discuss cardiology and had developed a social media presence to improve interaction with patients.
- The practice offered patients a range of online services which included electronic prescribing appointment booking.
- The practice offered online consultations with secondary care specialist consultants.
- There was a designated area on the practice website which specifically gave information to patients in respect to cardiology.

Access to the service

Orchard Croft Medical Centre was open 8am and 6.30pm Monday to Friday and 8am to 11am on Saturday. The Netherton Branch Surgery was open 8am to 1pm and 2pm to 6pm on a Wednesday and 8am to 1pm on a Friday. Additionally the practice worked with other local GPs to offer appointments from 6.30pm to 8pm Monday to Friday and from 9am to 3pm on a Saturday and Sunday. This service is delivered from premises approximately 2.5 miles from the main Orchard Croft Medical Centre.

In addition to on the day, pre-bookable, telephone and triage appointments, 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 were below local and national averages.

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%
- 44% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%

We discussed these low satisfaction scores with the practice. This told us that they had analysed the patient survey and actively sought to improve services where this was possible. For example the practice had installed additional telephone lines and in October 2016 would be introducing a revised appointment system which included a facility for a clinician to call back a patient and offer support as required.

The two patients we spoke to on the day told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

The need for home visits were prioritised according to clinical need by a GP. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- A GP had been designated to lead with regard to clinical complaints received, whilst the practice manager led on all other complaints.
- We saw that information was available to help patients understand the complaints system. For example the practice leaflet and website contained details of the complaint procedure in operation.

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

We looked at 12 complaints received in the last 12 months and found that these had been handled in a satisfactory manner and that lessons were learned and shared with other staff at team meetings.

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 it had developed with the involvement and input of all staff members. As a result the ethos and values it contained were well understood by all staff within the practice.
- The practice had a strategy and supporting business plans which reflected the vision and values and these were regularly monitored.
- There was a clear understanding of the challenges faced by the practice which included patient demand for local and accessible services.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice had developed a specific data manager role to support this activity.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. It was recognised by the practice that there was a need to develop clinical audits further.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

The practice had a positive attitude to information sharing and in addition to a general website had a second in-house website www.orhardcroftmc.com which contained clinical advice and support information.

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

- Staff told us the practice held regular meetings with regard to the operation of the practice. For example, clinical meetings were held on a monthly basis and partners meetings were held 2 to 3 times a month.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and worked closely with the practice to improve services for patients. To illustrate this we were told by the PPG that they had promoted the use of bicycles to access the surgery by raising patient's awareness of the bicycle racks available outside the main surgery building.
- The practice had gathered feedback from staff through appraisals and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had raised that they would like to have uniforms as an aid to building a team identity and at the time of inspection this was being implemented by the practice.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

- The practice participated in a local Vanguard programme to improve the delivery of integrated care. Activities to achieve this within the practice included the training of staff as care navigators, improved patient information with regard to care and support services, and the provision of pharmacist led services and physiotherapy within the practice.
- The practice had a strong training culture. As well as being a training and teaching practice for doctors and medical students, the practice supported training and career development for staff.
- Following the last Care Quality Commission inspection in 2014 the practice had taken action with regard to points raised within the report. As examples of this, staff involved in chaperone duties had received training, and the significant event information sharing process was improved to ensure staff were aware of issues and learning points.