Castleford Medical Practice

Quality Report

The Health Centre
Welbeck Street
Castleford
WF10 1HB
Tel: 01977 465777
Website: www.castlefordmedicalpractice.nhs.uk

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Castleford Medical Practice on 27 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had developed a whole team approach to clinical areas of work which included long- term conditions. A GP, nurse and health care assistant had been allocated to focus on each long- term condition such as chronic pulmonary obstructive disease (COPD), heart disease, asthma and stroke, and worked closely together to meet the specific needs of these patients. This developed and spread knowledge across all tiers of the practice.
- The practice offered electronic-consultations with secondary care specialist consultants (an e-consultation is a mechanism that enables primary care providers such as GPs to obtain specialists' inputs into a patient's care treatment without requiring the patient to go to a face-to-face visit by using IT based communication links and data sharing).
- The practice participated in a number of programmes to improve health and wellbeing locally, these included:
  - Participation in a local Vanguard programme which aimed to improve delivery of health care and care planning for patients in residential and nursing

Summary of findings

home settings (Vanguard programmes seek to develop new care models which support the improvement and integration of services for patients).

- Past participation from April 2015 to March 2016 in a project aimed at reducing health inequalities in the Castleford area. It sought to achieve this by the provision of targeted clinical, emotional and care support to hard to reach patients with long term conditions. Actions included longer appointments, proactively following up non-attenders and providing additional home visits.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. In addition open access appointments were available on a Monday when patients could call the surgery and receive an appointment that day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The practice operated a “One Stop” service for elderly patients. When an elderly patient has had a consultation appointment but required additional tests such as blood tests these were organised and delivered as part of the same visit. This meant the patient did not need to return to have these carried out.

We saw one area where the provider should make improvement:

The practice should develop and adopt a system to confirm that appropriate action has been taken by staff following patient safety and other alerts.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events, in addition the practice had carried out an analysis of data from the previous five years. No trends were identified for significant events over this period.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Alerts and other information was cascaded to staff via the practice IT system. During the inspection we identified that there was limited evidence to show that all alerts were being opened and acted upon following their dissemination. The practice said it would examine this further.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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 developed a comprehensive support and induction pack for locum GPs.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. As an example, receptionists had received training to promote and raise awareness of breast screening.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Activities and services delivered included:
  - Delivery of specialist diabetic clinics which enabled them to initiate insulin and other injectable treatments for patients with diabetes.
  - Provision of a service that worked to reduce unplanned admissions to hospital. Patients who were identified as being at high risk of admission received comprehensive care planning, regular reviews and were contacted following discharge from hospital to assess any ongoing need.
  - Weight management and smoking cessation support was available in-house and was delivered by the nursing team.
- The practice operated a "One Stop" service for elderly patients. When an elderly patient has had a consultation appointment but required additional tests such as blood tests these were organised and delivered as part of the same visit. This meant the patient did not need to return to have these carried out.
- Open access appointments were available on a Monday when patients could call the surgery and receive an appointment that day. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered electronic-consultations with secondary care specialist consultants.

Summary of findings

- 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.

Are services well-led?

Good

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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of comprehensive policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifying safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- 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 participated in a local Vanguard programme and offered proactive care and treatment sessions to care home patients.
- Patients within care homes were offered either telephone consultation or visits and could call the practice via a priority contact number.

People with long term conditions

Good

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

- The practice had developed a whole team approach to clinical areas of work which included long- term conditions. A GP, nurse and health care assistant had been allocated to focus on each long- term condition such as chronic pulmonary obstructive disease (COPD), heart disease, asthma and stroke and worked closely together to meet the specific needs of these patients. This developed and spread knowledge across all tiers of the practice. Patients at risk of hospital admission were identified as a priority.
- All patients on a long-term conditions register had documented care plans and were invited to attend annual (or more frequent) reviews. These recalls for reviews were organised to be offered in the month of the patient's birthday.
- The practice had identified the needs of diabetic patients and had developed a specialist diabetic clinic. In addition, a diabetic consultant attended the practice to support diabetic patients with complex needs.
- Due to the high prevalence of COPD in the practice population the practice actively promoted smoking cessation and offered an in-house smoking cessation clinic.
- Longer appointments and home visits were available when needed.

Summary of findings

- For those patients with the most complex needs, the GP/nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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 who had a high number of A&E attendances. GPs held regular monthly meetings with the health visitor team to discuss safeguarding issues affecting children registered within the practice.
- Immunisation rates were high for all standard childhood immunisations.
- A mother and baby clinic was held on a Wednesday afternoons.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a policy to offer same day appointments to all babies and children under ten years old.
- The practice was working toward attaining young person friendly status, and at the time of inspection was carrying out a survey amongst this group of patients to identify specific needs.

Working age people (including those recently retired and students)

Good

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 telephone consultations for patients who could not access the practice during working hours. In addition pre-bookable appointments were available from 8.30am every morning and 12 pre-bookable appointments were available for the Tuesday evening extended hours surgery from 6.30pm to 8pm.
- The practice was proactive in offering online services such as appointment booking and ordering repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- The practice took a proactive stance in relation to health and lifestyle improvement and opportunistically offered NHS Health Checks to patients, even when patients presented with an unrelated problem.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and the frail elderly with complex needs.
- The practice offered longer appointments for patients with a learning disability and for those with additional needs such as patients who do not have English as a first language.
- Learning disability health checks were promoted, and personal appointments were made for them at a time that was convenient to the patient and their carers. Since this approach was adopted there had been an increase in uptake from eight which were carried out in 2013/2014 to 24 which were carried out in 2015/2016. At the time of inspection the practice had already completed 19 health checks in the first quarter of the year.
- The practice met regularly with and 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.
- The practice provided a service that worked to reduce unplanned admissions to hospital. Patients who were identified as being at high risk of admission received comprehensive care planning, regular reviews and were contacted following discharge from hospital to assess any ongoing need.
- The practice recognised the specific needs of patients with a disability and these were highlighted in the patient notes. For example, patients who were visually impaired were personally called and escorted from the waiting room to the consulting room by the clinician.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice maintained a mental health register and used this to offer annual health checks. These checks are widely promoted to patients. Of 39 patients on the mental health register 29 had received care plans in 2015/2016.
- The practice carried out advance care planning for patients with dementia. Although data showed in 2014/2015 only 70% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, which was below the CCG and national averages of 84%.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The waiting room had themed information displayed regarding mental health, dementia and support for carers.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages in some areas. Of 298 survey forms which were distributed 103 were returned for a response rate of 35%. This represented around 2% of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 73% and the national average of 76%
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%

The practice had sought to address issues with regard to patient contact and access and had:

- Made available additional GP appointments (458 extra appointments were available in April and May 2016 compared to the same months in 2015).
- Allocated additional resources to telephone answering at peak periods.
- Introduced same day open access appointments on Mondays.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards all of which were positive about the standard of care received. Many of the comments said that the reception staff were friendly and helpful and that GPs and nursing staff were very caring and compassionate.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Feedback from the Friends and Family Test showed that in 2015/2016 92% of patients would recommend the practice to others.

Castleford Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Castleford Medical Practice

The Castleford Medical Practice is located in the Health Centre on Welbeck Street Castleford, West Yorkshire. It currently provides services for around 5,600 patients. The practice is a member of the NHS Wakefield Clinical Commissioning Group (CCG.)

The practice is located in the town centre of Castleford and is located close to public transport being adjacent to the bus and railways stations. The practice shares a 1960s build health centre building with another GP practice, a number of other community health services including school nurses and podiatry, and an independent pharmacy. General premises maintenance and upkeep is via NHS Property Services. Limited parking spaces are available outside the surgery, although a public car park is also located close to the health centre. The main reception and consultation rooms are located on the ground floor and are accessible to those with a physical disability.

The practice population age profile shows that it is slightly above that of the CCG and England averages for those over 65 years old (20% of the practice population is aged over 65 as compared to the CCG average of 18% and the England average of 17%) and 57% of the practice population report having a long standing health condition compared to a CCG average of 58% and an England average of 54%. Average life expectancy for the practice population is 76 years for males and 81 years for females (the CCG average is 77 years for males and 81 years for females and the England average is 79 years for males and 83 years for females respectively). The practice is located in an area of relative deprivation being ranked in the third most deprived decile. The practice population is mainly White British although the practice also has a number of Asian and Eastern European patients.

The practice provides services under the terms of the Personal Medical Services (PMS) contract. In addition to this 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
- Avoiding unplanned admissions
- Learning disability support
- Dementia support
- Extended hours access
- Minor surgery
- Improving patient online access
- Risk profiling and care management

As well as these enhanced services the practice also offers or hosts additional services including:

- Chronic illness management clinics for conditions such as asthma and diabetes.
- Joint injections
- Health checks
- Weight management

- Smoking cessation
- Audiology
- Ultrasound scanning
- Abdominal aortic aneurysm (AAA) screening
- Diabetic retinal screening

The practice has two GP partners (male), one salaried GP (female) and one regular locum GP (male). In addition there is a nursing team of two practice nurses (female) and two health care assistants (female). Clinical staff are supported by a practice manager and an administration/ reception team.

The practice offers a variety of appointment options, these being:

- Pre-bookable appointments with a GP or nurse available up to four weeks in advance
- Open access appointments on a Monday when patients can call the surgery and receive an appointment that day
- Other on the day appointments available Tuesday to Friday
- Urgent/emergency appointments
- Telephone appointments, where the clinician will call back the patient and carry out a consultation over the telephone

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

The Castleford Medical Practice is open:

Monday 8am to 6.30pm

Tuesday 8am to 8pm

Wednesday 8am to 6.30pm

Thursday 8am to 6.30pm

Friday 8am to 6.30pm

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 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 27 June 2016. During our visit we:

- Spoke with a range of staff, which included GP partners, a salaried GP, a GP locum, the practice manager, an apprentice receptionist, practice nurses and health care assistants.
- Spoke with patients who were positive about the practice and the care they received.
- Reviewed comment cards where patients and members of the public shared their views.
- Observed in the reception area how patients/carers/ family members were treated.
- Spoke to 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?

Detailed findings

- 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).

  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.

Good

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 recording form available on the practice's computer system. 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).
- The practice carried out a thorough analysis of the significant events. In addition the practice had carried out an analysis of data from the previous five years. No trends had been identified for significant events over this period. Significant events were discussed at weekly clinical meetings which were minuted. It was noted that some meeting minutes were limited in detail and depth. We raised this with the practice and they agreed to review this.
- There was an open and transparent approach to safety. All staff were encouraged and supported to record any incidents. There was evidence of good investigation, learning and sharing mechanisms in place.
- We were told that that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that lessons from significant events were shared and action was taken to improve safety in the practice. For example, the practice told us of an incident when they became aware that a number of Patient Group Directions (PGDs) were nearing their expiry (PGDs are documents permitting the supply of prescription-only medicines to groups of patients without the need for individual prescriptions). When they attempted to access new PGDs they found that the site they usually accessed them from was no longer available. The practice then had to identify the new site where these could be accessed. As an outcome of this incident the practice introduced a new monitoring and updating system for PGDs.

We reviewed patient safety alerts. Alerts were cascaded to staff via the practice IT system and were available on the practice IT system and all staff were aware of the process. However we did note that the practice had no method of monitoring that these had been accessed or actioned such as via a read receipt. We raised this with the practice who agreed to review this.

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. There was a lead member of staff and deputy for safeguarding within the practice. The GPs attended monthly safeguarding meetings and provided reports where necessary for other agencies. 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 reception and administration staff were trained to level one.
- Notice in the waiting room and consulting rooms advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). When a chaperone had been used both the clinician and the chaperone noted this on the patient record.

Good

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse 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 IPC 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 any improvements identified as a result. The last IPC audit was carried out in February 2016 and the practice achieved a compliance score of 86%.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines such as disease-modifying antirheumatic drugs. (DMARDS). The practice carried out regular medicines audits, with the support of the local medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw evidence which showed improvement in performance with regard to prescribing. It was noted during the inspection that the practice had not carried out a full cold chain audit.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed 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.

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 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. For example, all four GPs were available on Mondays to staff the open access appointments offered by the practice.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice 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.

Good

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 monitored that these guidelines were followed through clinical audits.
- Guidelines were discussed at team meetings and cascaded via email to clinicians.

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 the practice had achieved 94% of the total number of points available and with and exception reporting rate of 5%. (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 below the local and national averages. For example, 81% of patients on the diabetes register had a record of a foot examination and risk classification being carried out in the preceding 12 months compared to the CCG average of 89% and the national average of 88%.
- Performance for mental health related indicators was below the local and national averages. For example, 70% of dementia patients had received a face to face care review in the previous 12 months compared to the CCG and national averages of 84%.

When we raised these below average performance figures with the practice, they told us that at the time when this performance was being reported against the practice had some significant workforce capacity problems which impacted on performance, and they had also identified some coding issues which led to under recording. Both these areas have been addressed by the practice. For example, the practice provided figures to show that in 2015/2016 the dementia face to face review rate had risen from 70% to 76% and that similar improvements had been made with regards to diabetes performance. The practice had also introduced organisational changes and staff and been appointed to lead on specific areas of QOF activity, and performance was discussed as a standing item on the weekly clinical meeting agenda.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last year, and two were underway at the time of inspection. Due to new staff coming into the practice these were single cycle audits and follow up audits were planned to be carried out on these in the future. Findings from these audits had been used by the practice to improve services. For example, a recent audit of joint injection satisfaction highlighted that a significant number of patients (approximately one third) felt they required additional information with regard to the procedure. As a result instead of solely relying on verbal discussions with patients the practice had begun to provide written information to all patients.
- The practice had developed a forward plan of clinical audits based on patient need.
- In addition to clinical audits a range of comprehensive clinical and non-clinical protocols had been developed which advised and guided staff on procedures in place within practice.

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

Good

Are services effective?

(for example, treatment is effective)

safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had also developed a comprehensive support and induction pack for locum GPs.

- 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. The practice had also developed a whole team approach to clinical areas of work which included long- term conditions. A GP, nurse and health care assistant had been appointed to each long- term condition such as chronic pulmonary obstructive disease (COPD), heart disease, asthma and stroke and worked closely together to meet the specific needs of these patients. This developed and spread knowledge and experience across all tiers of the practice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. 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 and in-house training.

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 was enabled for the transfer of patient records for patients registering from a practice which did not share a common IT system.

Staff worked with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health and social care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. As well as routine reviews care plans were also reviewed when a patient had been discharged from hospital.

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.

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.
- Consent for treatment such as injections and minor surgery were recorded on the patient notes and then scanned into the patient record.

Good

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and alcohol consumption.
- The practice offered in-house weight management and smoking cessation support.
- The practice kept detailed registers of patients for such as, long term conditions, palliative care, mental health, learning disability and dementia. It used these registers in care planning and recalling patients for reviews.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer personal 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. As an example, receptionists had received training to promote and raise awareness of breast screening.

Childhood immunisation rates for the vaccinations given were slightly better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and five year olds from 93% to 98% (CCG figures for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 92% to 97%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice opportunistically offered NHS Health Checks to patients, even when they presented with an unrelated problem. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff told us that they would assist patients into and out of consultations should this be needed, and a wheelchair was available to support those with mobility issues.
- The practice made available a dedicated mobile telephone number which allowed diabetic patients to make direct contact with the lead diabetic nurse.

All of the 35 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 four members of the patient participation group (PPG). 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.

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:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%
- 96% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 90% 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 average of 91% and the national average of 91%
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the 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 and in the care planning process. 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. We were told by staff that if a patient was unable to attend the practice for a scheduled review then this would be arranged to be carried out in the patient's home.

The practice felt that personal contact was very important in building effective relationships with patients. As a result of this whenever possible staff made direct calls to patients to invite them to recalls and reviews. As well as developing the patient/practice relationship the practice felt this resulted in more patients attending reviews.

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 in line with or above local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%

Good

Are services caring?

- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% 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.
- Information leaflets were available in easy read formats within the waiting room.
- A hearing loop was available to assist those with a hearing impairment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice had themed the waiting room and specific information about support for such as carers and those with dementia could be found in these areas. Signposting to other avenues of support 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 95 patients as carers (under 2% of the practice list). Carers were offered additional support via signposting to other organisations and vaccinations.

Staff told us that if families had experienced bereavement they could contact the practice for support, it was left to the discretion of individual GPs as to whether they would contact individuals and families directly.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered telephone consultations for patients who could not access the practice during working hours. In addition pre-bookable appointments were available from 8.30am every morning and 12 pre-bookable appointments were available for the Tuesday evening extended hours surgery from 6.30pm to 8pm.
- Open access appointments were available on a Monday when patients can call the surgery and receive an appointment that day.
- The practice operated a "One Stop" service for elderly patients. When an elderly patient has had a consultation appointment but required additional tests such as blood tests these were organised and delivered as part of the same visit. This meant the patient did not need to return to have these carried out.
- The practice provided a service that worked to reduce unplanned admissions to hospital. Patients who were identified as being at high risk of admission received comprehensive care planning, regular reviews and were contacted following discharge from hospital to assess any ongoing need. At the time of inspection the practice had 93 patients on it's unplanned admissions register and all of these patients had received a care plan.
- The practice had identified the needs of diabetic patients and had developed a specialist diabetic clinic. This allowed the practice to deliver diabetic services which included insulin and GLP-1 initiation (GLP-1 is a drug used to treat diabetes). In addition, a diabetic consultant attended the practice to support diabetic patients with complex needs. This reduced the need for diabetic patients to attend secondary care services.
- Weight management and smoking cessation support was available in-house and was delivered by the nursing team.
- The practice participated in a local Vanguard programme and offered proactive care and treatment sessions to care home patients (Vanguard programmes seek to develop new care models which support the improvement and integration of services). Unfortunately due to only having recently joined the programme the practice did not have any data to show the impact of this work.
- The practice offered or hosted a range of other services which included:
  - Joint injections
  - Minor surgery
  - Audiology – since the start of this service in January 2016 51 patients had received hearing aid assessments and/fitting of hearing aids.
  - Diabetic retinal screening – over the past 12 months 5,512 patients had accessed this service (this included patients from other practices in the Castleford area).
  - Ultrasound scanning – since 2014 427patients from the Castleford Medical Practice had accessed this service.
  - AAA screening
- The practice had redesigned their baby clinics for six week checks/post natal checks. Instead of three appointments over two separate days the practice offered one longer appointment session every Wednesday afternoon. Since the introduction of this service there had been no missed appointments and the practice informed us that satisfaction with the new system had been high.
- Dementia screening was offered to patients who were resident in care homes and during long term condition reviews.
- The practice offered online appointment booking, prescription ordering and access to summary healthcare records. At the time of inspection 319 patients had registered for online services. Online services were promoted to patients via the practice website, patient newsletter, practice leaflet and within the waiting area.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- There were longer appointments available for patients with a learning disability or for frail elderly patients with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation and interpretation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with extended hours opening available on a Tuesday from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them, additionally on a Monday patients could attend open access appointments and receive a same day consultation.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%
- 68% 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%

In response, in part, to these below average satisfaction figures in relation to patient access and also driven by recognised service development needs, the practice had introduced a number of improvements and service redesigns which included:

- Additional GP appointments were made available (458 extra appointments were available in April and May 2016 compared to the same months in 2015).
- Extra resources have been allocated to telephone answering at peak periods.
- Same day open access appointments were introduced on Mondays.
- Electronic prescribing was introduced.
- The introduction of a "One Stop" service for elderly patients.
- A redesigned and streamlined baby clinic.

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

The practice had a system in place to assess and prioritise:

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

GPs assessed each request for a home visit and made an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, information regarding complaints was available in public areas and on the practice website.

We looked at eight complaints received in the last 12 months and found that they had been handled in accordance with the practice complaints policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a vision and mission statement which was understood by all staff.
- The practice had effective strategies, supporting business plans and operating protocols 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.
- A comprehensive understanding of the performance of the practice was maintained. For example, leads had been appointed for key areas of work which included QOF and complaints.
- A programme of continuous clinical and internal audit 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

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. The partners told us that there had been changes within the practice due to the retirement of two longstanding partners and that they and the practice staff as a whole were working to implement a new management structure to better meet the needs of the local population. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

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

The practice had developed a strong training culture and approach to staff career progression. The practice had supported reception staff to become health care assistants and had taken on an apprentice post within the reception and administration team.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

Are services well-led?

Good

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

management team. For example, the PPG worked with the practice to promote shingles vaccinations and was working with the practice to reduce missed appointments.

- The practice had developed an action plan to respond to survey findings. For example, the practice increased the number of receptionists available to answer the telephones during busy periods after reviewing below average feedback within the 2015 GP patient survey in relation to patients finding it easy to contact the practice.
- The practice had gathered feedback from staff through meetings, appraisals and discussions. 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 and engaged to improve how the practice was run.

Continuous improvement

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

- The practice had developed a whole team approach to clinical areas of work which included long- term conditions. A GP, nurse and health care assistant had been appointed to each long- term condition such as COPD, heart disease, asthma and stroke and worked closely together to meet the specific needs of these patients. This developed and spread knowledge and experience across all tiers of the practice.
- The practice worked closely with other members of their Federation of local practices to examine opportunities to improve services and meet health and care challenges.
- The practice participated in a local Vanguard programme which aimed to improve delivery of health care and care planning for patients in residential and nursing home settings.
- From April 2015 to March 2016 the practice participated in a project aimed at reducing health inequalities in the Castleford area. It sought to achieve this by the provision of targeted clinical, emotional and care support to hard to reach patients with long term conditions. Actions included longer appointments, proactively following up non-attenders and providing additional home visits. Over the year the practice made 379 contacts with patients, and had used learning from the project within the practice to redesign and reconfigure services.
- The practice had worked closely with other health colleagues and the Clinical Commissioning Group (CCG) to formulate plans to establish a local “Talking Shop”. When operational this would allow patients to quickly access a local, low level mental health service.