Chapelthorpe Medical Centre

Quality Report

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Date of inspection visit: 21 June 2016
Date of publication: 09/08/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chapelthorpe Medical Centre on 21 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice offered online services such as online bookings and prescription ordering. It had recently begun to offer "AskmyGP", a portal which allowed the patient to contact the practice online outlining their condition. Patients then received contact from the practice such as signposting advice or a request that they come into the surgery for an appointment.

Summary of findings

- The practice operated a diabetic clinic delivered in conjunction with a local secondary care provider. The practice also offered specialist care management and enhanced services such as insulin initiation in-house.

There where two areas where the provider should make improvements:

- The practice needed to ensure that all actions identified as a result of a significant event report had been completed and that this had been recorded, and that lessons learned from such events were shared with all relevant staff.
- The practice needed to ensure that appropriate action was 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 a system in place for reporting, recording and analysing significant events. However it was not completely clear during the inspection that all learning points from incidents had been fully actioned or that lessons learned were shared. The practice told us that they would review this.
- 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.
- Alerts and other information was cascaded to staff via the practice IT system and had the practice had recently moved to a new system for monitoring that alerts had been received. During the inspection we identified that in some cases 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.
- Via their participation in one of the local Vanguard programmes the practice received the support of pharmacists who worked directly within the practice. Pharmacists supported medicines optimisation work (medicines optimisation seeks to maximise the beneficial clinical outcomes for patients from medicines with an emphasis on safety, governance, professional collaboration and patient engagement), and carried out other activities which included medication reviews and dealing with medication queries.
- 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 developed a locum induction pack which gave key information to locum GPs who may be new to the practice and the procedures which operated within it.
- There were effective arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Are services effective?

Good

The practice is rated as good for providing effective services.

Summary of findings

- 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 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had trained staff to act as care navigators to signpost patients that may be in need of assistance in the community to services that could help. They were also able to explain to patients in more depth the range of services and options available to them.
- The practice supported the Chapelthorpe Medical Centre Health Champions, these were a group of 19 patients from the practice who, having received training and additional support, voluntarily offered their services to meet the needs of the practice population. Activities have included supporting and interacting with patients in the waiting room, signposting and the establishment of a walk and talk group and a practice carers group.

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. For example, patients could use an IT resource in the waiting room which contained a community services directory, which provided up to date information about local community resources. In addition they could access face-to-face support and signposting from the practice care navigators and Health Champions.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The IT system used coding and icons to alert staff to patients who may be vulnerable or have specific needs which allowed clinicians to tailor consultations more effectively.

Summary of findings

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. For example the practice,
  - Offered a range of appointments which included pre-bookable appointments, on the day/urgent appointments, telephone consultations and online services via a portal
  - Worked within local Vanguard programmes and delivered enhanced health and care signposting and information for patients (using care navigators and 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.
  - Supported the Chapelthorpe Medical Centre Health Champions, a group of trained volunteers who delivered a range of health and wellbeing initiatives including carers support and health walks.
  - The practice operated a diabetic clinic delivered in conjunction with a local secondary care provider. The practice also offered specialist care management and enhanced services such as insulin initiation in-house.
  - The practice also hosted renal (kidney disease) outreach clinics twice a month for both registered and non registered patients and twice yearly screening clinics for abdominal aortic aneurysm (this is a dangerous swelling affecting the main blood vessel that runs from the heart). In 2015/2016 an average of 20 patients attended each renal clinic, and in the same year 68 practice patients attended abdominal aortic aneurysm (AAA) screening (An abdominal aortic aneurysm 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).
  - Patients told us they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

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 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 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. For example, 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. Once a patient was identified the practice carried out advanced care planning and three monthly reviews, which involved multi-disciplinary working across health and social care providers. At the time of inspection the practice had 199 patients on their avoiding unplanned admissions register.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Staff received regular safeguarding training to assist them to identify and action concerns related to vulnerable older patients.
- The practice delivered weekly clinical sessions to practice patients within three local care homes.

People with long term conditions

Good

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

- GPs and nursing staff had lead roles in chronic disease management such as diabetes, Chronic Obstructive Pulmonary Disease (COPD) and asthma.The practice kept registers of patients with long term conditions and used these to effectively manage treatment packages which included structured examinations, the development of care plans and regular reviews. Whenever possible the practice made every effort to carry out multi-condition appointments for those with more than one long term condition.
- Patients at risk of avoidable hospital admission had an identified named GP and care coordinator in place as well as a personalised care package and review programme.

Summary of findings

- The practice operated a diabetic clinic delivered in conjunction with a local secondary care provider. The practice also offered specialist care management and enhanced services such as insulin initiation in-house.
    - In 2015/2016 nine patients received insulin initiation and four received GLP-1(a medication used to treat diabetes) initiation.
    - Performance for diabetes related indicators was either comparable with or better than the national average. For example, 93% 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 national average of 88%.
- Longer appointments and home visits were available when needed.
- The practice hosted renal (kidney disease) outreach clinics twice a month for both registered and non registered patients and twice yearly screening clinics for abdominal aortic aneurysm.

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 accident and emergency (A&E) attendances.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% (CCG figures ranged from 95% to 98%) and five year olds from 96% to 100% (CCG figures ranged from 92% to 97%).
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. The practice had an effective recall system in place and offered reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- The practice carried out eight week mother and baby checks.
- The practice was a c-card distribution centre which gave improved access to contraceptives to young people, chlamydia forms and testing kits were also available from the reception (chlamydia is a common sexually transmitted disease which may not show obvious symptoms).

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 participated in the catch up programme for students aged 17 and over for measles, mumps and rubella and meningitis C vaccinations.
- There was the provision for telephone consultations during the day for patients who may not have been able to attend the surgery during the day.
- The practice had extended evening appointments from 6pm to 8.30pm on Monday and Wednesday. In addition it worked with other local GPs and offered appointments from 6.30pm to 8pm Monday to Friday and from 9am to 3pm on Saturday and Sunday. These latter sessions were delivered from a nearby practice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group which included healthy living advice and referral to other services such as community mental health.
- The practice offered online services such as online bookings and prescription ordering. It had recently begun to offer “AskmyGP” a portal which allowed the patient to contact the practice online outlining their condition. Patients then received contact from the practice such as signposting advice or requesting that they come into the surgery for an appointment.

Summary of findings

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 such as those with a learning disability.
- The practice offered longer appointments for patients with a learning disability or the frail elderly with complex needs.
- Patients with a learning disability were offered a health check and annual review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and held regular multi-disciplinary team meetings to discuss these patients and their ongoing needs.
- The practice had trained staff to act as care navigators to signpost patients that may be in need of assistance in the community to services that could help and assist them.
- The practice had an electronic information point in the waiting room for patients to utilise to access a range of services which included a directory of local services.
- 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.

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).

- Patients were able to access a local psychological therapies service either via practice referral or self-referral.
- As part of long term condition reviews patients were routinely screened for dementia and asked if they had memory issues. Patients who said they had begun to experience problems were referred within the practice for further investigation and support.
- 99% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12

months, which is better than the CCG and national averages of 84%. In addition all newly diagnosed dementia patients were offered a first review within six months rather than wait for a first annual review.

- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive and agreed care plan documented in the patient record which was comparable to the CCG average of 89% and the national average of 88%. The annual review of those patients on the mental health register also included a physical health check.
- The practice was working toward the achievement of dementia friendly status.

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 in line with or above local and national averages. Of 246 survey forms which were distributed 106 were returned for a response rate of 43%. This represented less than 1% of the practice's patient list.

- 76% 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%
- 83% 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%
- 88% 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%
- 85% 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%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received.

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

Chapelthorpe 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, a second CQC inspector, and a practice manager specialist adviser.

Background to Chapelthorpe Medical Centre

The practice surgery is located on Standbridge Lane, Wakefield, West Yorkshire. The practice serves a patient population of 12,100 and is a member of NHS Wakefield Clinical Commissioning Group.

The surgery is located in purpose built premises which opened in 2001. The building has two floors and is accessible for those with a disability as the building has a passenger lift installed. There is parking available on the practice site for patients and an independent pharmacy is located next to the practice.

The practice population age profile shows that it is above both the CCG and England averages for those over 65 years old (21% compared to the CCG average of 18% and England average of 17%). Average life expectancy for the practice population is 79 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 serves some areas of lower than average deprivation. The practice population is predominantly White British.

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

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Dementia support
- Risk profiling and care management
- Support to reduce unplanned admissions.
- Minor surgery
- Learning disability support
- Extended hours access
- Patient participation

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including asthma, chronic obstructive pulmonary disease, diabetes, heart disease and hypertension, and 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 seven GP partners (three male, four female), one salaried GP (male), one GP registrar and one Foundation Year 2 doctor. In addition there are four practice nurses (all female), one student nurse (female), three healthcare assistants (all female), one apprentice healthcare assistant (female) and two phlebotomists(both female). Clinical staff are supported by a practice manager,

an administration manager, a reception manager, and an administration and reception team. In addition the practice also has the services of pharmacists and physiotherapists on site.

The practice appointments include:

- Pre-bookable appointments six-eight weeks in advance
- On the day/urgent appointments
- Telephone consultations where patients could speak to a GP or nurse to ask advice and if identified obtain an urgent appointment.
- Online via a portal which allowed the patient to contact the practice outlining their condition. Patients then receive contact from the practice such as signposting advice or requesting that they come into the surgery for an appointment.

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

The practice is open between 8am and 6.30pm Monday to Friday, with extended hours in operation on a Monday and Wednesday up to 8.30pm. Additionally the practice works with others in their local GP network to offer appointments at a nearby surgery from 6.30pm to 8.30pm Monday to Friday and from 9am to 3pm on a Saturday and Sunday.

The practice is accredited as a training practice and supports GP trainees and Foundation Year 2 doctors. Two partners within the practice are GP trainers and a third GP has just been accredited as a trainer. The practice is also active in supporting the training of nurses via placements within the surgery.

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 June 2016. During our visit we:

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

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

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

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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents.
- The practice carried out a thorough analysis of the significant events.
- There was an open and transparent approach to safety. All staff were encouraged and supported to record any incidents. There was evidence of good investigation, learning and sharing mechanisms in place.
- We were told that 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.

However whilst events and incidents were analysed it was not clear if they were all fully actioned by the practice as significant event forms were not comprehensively completed. It was also unclear how completely significant events and the learning associated with them were being disseminated throughout the practice as weekly clinical meeting were not minuted. In contrast fortnightly partner meetings were well minuted and we saw evidence that significant events were discussed fully during these meetings. When we drew this to the attention of the practice they agreed to review their significant event process.

We reviewed safety records, incident reports, patient safety alerts. Alerts were cascaded to staff via the practice IT system and all staff were aware of the process. We noted that the practice had recently moved to a new system for monitoring that alerts had been received. However when we checked how well this was operating we saw evidence that the system showed that not all staff sent alerts had opened or actioned them. The practice said it would examine this further.

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 for safeguarding. The GPs attended bi-monthly safeguarding meetings with health vistors and other health and care professionals. 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, nurses had received level three or level two training and all other staff had been 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). A note was kept by the clinician on the patient record when a chaperone had been offered or used.
- 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 who liaised with the local infection prevention 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 arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

medicines. The practice had pharmacist support within the practice via participation in a Wakefield Vanguard programme and used this for activities such as carrying out medication reviews and dealing with queries with regards to medicines. The practice also worked closely with the local CCG medicines optimisation team to ensure prescribing was in line with best practice guidelines for safe prescribing. 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 and healthcare assistants were trained to administer vaccines and medicines to a named patient, against a patient specific prescription or direction from a prescriber.
- The practice had developed a locum induction pack which gave key information to locum GPs who may be new to the practice and the procedures which operated within it.
- We reviewed four 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 staff kitchen 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).
- There were effective arrangements 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 alert button 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 risk assessments, audits and checks of patient records.
- We saw evidence to show that guidelines were discussed at partners meetings and cascaded to staff.

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 99% of the total number of points available. Exception reporting was 8% and in line with local and national figures (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice monitored QOF performance closely and discussed this at partners meetings; they had also appointed lead clinicians to have oversight of key areas of work.

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

- Performance for diabetes related indicators was either comparable with or better than the national average. For example, 93% 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 national average of 88%.
- Performance for mental health related indicators was either comparable with or better than the national average. For example, 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in the record in the preceding 12 months compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, and we reviewed two completed audits (two cycle) audits in depth where the improvements made were implemented and monitored, these were in relation to post splenectomy care (a splenectomy involves a surgical operation to remove the spleen) and minor surgery.
- Findings were used by the practice to improve services. For example, the splenectomy audit showed improvements with regard to the numbers of patients taking prophylactic antibiotics (these are premedications used as a precaution against infection) as per guidance, and that all patients had been subject to recall for vaccinations.
- Via a local Wakefield Vanguard programme the practice had the services of pharmacists and physiotherapists on site. As well as being able to provide specialised knowledge within the practice the pharmacists and physiotherapists also freed clinician time to carry out other duties. For example, the pharmacists supported carried out medication reviews and dealt with medication queries that would usually have been dealt with by a GP. We were provided with information which showed that between 1 April 2016 and 12 June 2016 the pharmacists on site had carried out 1,193 interventions which included dealing with 107 medication reviews, 73 repeat prescription reviews and 94 medication advice discussions. Between 1 April 2016 and 5 June 2016 the physiotherapists had dealt with 90 appointments and outcomes from these appointments included 73 instances of patient education in self-care and 21 referrals to other community based physiotherapy services.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- 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.
- 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 or infection prevention and control.
- 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 weekly clinical meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and 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.

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 and shared information via a common IT system. This included when patients moved between services, including when they were referred, or after they were discharged from hospital or when they were nearing the end of life. Meetings took place with other health care professionals on a bi-monthly basis when care plans were routinely reviewed and updated for patients with complex needs. 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.
- The process for seeking consent was monitored through patient records audits.

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 had trained staff to act as care navigators to signpost patients that may be in need of assistance in the community to services that could help. They were also able to explain to patients in more depth the range of services and options available to them.
- The practice supported the Chapelthorpe Medical Centre Health Champions, these were a group of 19 patients from the practice
  - Acting as reception welcomers, where, in pairs, volunteers spent sessions talking to patients in the

waiting room about their needs and encourage participation in practice programmes. At busy periods such as during flu clinics they also assisted practice staff by escorting patients to treatment rooms.

- The establishment of a number of support and wellbeing groups which included a walk and talk group which allowed patients to benefit from physical activity and social interaction and a carers group which aimed to give carers a short respite from their caring duties and an opportunity to meet with other carers and discuss common issues.
- At the time of inspection the Health Champions were examining their ability to support low impact aerobic exercise, the establishment of a singing group/choir and a film club.

National evaluation of practices who participated in similar activities showed significant improvements in mental health and wellbeing amongst patients of these practices and very high levels of support from clinicians and staff.

It was clear from discussion with Health Champion members that they were passionate about the role they could play with regard to community health and wellbeing improvement. The practice supported the Health Champions through the provision of resources and accommodation for events.

- The practice recognised the importance of the individualisation and personalisation of care plans. As part of the review process patients were actively asked to input into their own care plans. It was felt that this approach would lead to more effective care plan development.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to reminder 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 demonstrated how they encouraged uptake of cancer screening programmes. For example, the practice used alerts on the IT record to encourage patients where applicable to send back bowel cancer screening, 63% of patients aged 60-69 years had been screened for bowel cancer compared to the CCG and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% (CCG figures ranged from 95% to 98%) and five year olds from 96% to 100% (CCG figures ranged 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. 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 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 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they thought that the care provided by the practice was excellent and felt that they were treated with compassion and dignity. Comment cards highlighted that staff responded in a caring manner 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 comparable to or better than CCG and national figures 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%
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% 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 95% and the national average of 95%
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%
- 89% 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 waiting in the reception area 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. We also saw that care plans were personalised and used patient input when being formulated or reviewed.

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 above local and national averages. For example:

- 89% 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%
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages 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 and national averages 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.

Good

Are services caring?

- The practice had installed a hearing loop help those who had a hearing impairment.
- The IT system used coding and icons to alert staff to patients who may be vulnerable or have specific needs which allowed them to tailor consultations more effectively.

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 237 patients as carers (around 2% of the practice list). Carers were able to access services such as flu vaccinations, and were able to use the practice community information access point in the waiting area and reception staff care navigators to identify support groups. Carers could also attend the Health Champions local carers group.

Staff told us that if families had experienced bereavement, that they were contacted by the practice. This contact was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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.

- There were longer appointments available for patients when this was required such as for those with a learning disability, or the frail elderly with complex health and care needs.
- The practice offered a range of appointments which included:
  - Pre-bookable appointments six-eight weeks in advance
  - On the day/urgent appointments
  - Telephone consultations where patients could speak to a GP or nurse to ask advice and if identified obtain an urgent appointment.
  - Online via a portal which allowed the patient to contact the practice outlining their condition. Patients would then receive contact from the practice such as signposting advice or requesting that they come into the surgery for an appointment.
- Appointments could be made in person, via the telephone or online.
- The practice was a member of West Wakefield Health and Wellbeing Ltd (a federated network of GP practices and other health and partners). As part of two local Vanguard programmes 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 signpost patients that may be in need of assistance in the community to services that could help. 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. For example, the practice had installed in the waiting area an information access point which allowed patient to access a local directory of services as well as book appointments.
  - Offered patients enhanced access to services with appointments being available from 6.30pm to 8.30pm Monday to Friday and from 9am to 3pm on a Saturday and Sunday.These serives were pre-bookable and were delivered at a nearby practice.
  - Delivered clinical sessions for patients in residential care.
  - Offered services led by pharmacists 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.
- The practice supported the Chapelthorpe Medical Centre Health Champions
- The practice operated a diabetic clinic delivered in conjunction with a local secondary care provider. The practice also offered specialist care management to the 104 patients on the practice diabetes register and in addition offered enhanced services such as insulin initiation in-house. In 2015/2016 nine patients received insulin initiation and four received GLP-1(a medication used to treat diabetes) initiation. These activities reduced the need for patients to access directly secondary care services as well as meaning that services were delivered closer to home.
- The practice hosted renal outreach clinics twice a month for both registered and non registered patients and twice yearly screening clinics for abdominal aortic aneurysm (AAA). In 2015/2016 an average of 20 patients attended each renal clinic, and in the same year 68 practice patients attended AAA screening.
- The practice was a c-card distribution centre which gave improved access to contraceptives to young people, and chlamydia forms and testing kits were available from the reception.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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 require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for those with a disability within the surgery building. For example, a hearing loop had been installed and disabled toilet facilities were available.
- The practice had access to translation and interpretation services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with extended hours in operation on a Monday and Wednesday up to 8.30pm. Additionally the practice worked with others in their GP network and offered appointments at a nearby surgery from 6.30pm to 8.30pm Monday to Friday and from 9am to 3pm on a Saturday and Sunday.

In addition to pre-bookable appointments that could be booked up to six to eight weeks in advance, urgent appointments were also available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.
- 76% 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%

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

The practice had a system in place to assess:

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

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 and complaints were discussed at the fortnightly partners meeting.
- Information in relation to complaints was available to help patients understand the system. For example, details were available in the practice leaflet and on the website.

We looked at 10 complaints received in the last 12 months and found that these had been dealt with in a satisfactory manner. 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. For example, the practice had received a complaint regarding a missed referral by a FY2 doctor. The practice investigated the complaint and instituted a new process whereby all referrals from those undergoing training needed GP consent.

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 developed a clear ethos with regard to patient treatment and care and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- Leads had been appointed for important areas of work including QOF and specific conditions such as those in relation to diabetes and renal patients

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings. However it was noted that minutes were not taken for the weekly clinical 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. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice had a strong training culture and as well as being a training practice for doctors and supporting nurse training placements and mentoring, the practice additionally had developed apprentice roles within the workforce.

The practice was involved with the wider health and care community and attended regular meetings as part of their network and Federation, the Local Medical Committee and one GP partner sat on the governing body of NHS Wakefield CCG.

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 members told us that they interacted well with the practice and felt that they were respected and that the practice listened to their suggestions and comments. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had raised issues of confidentiality at reception and the practice had responded by erecting a barrier which patients had to queue behind some distance away from the reception desk. This allowed patients at reception to hold a more private conversation with the receptionist. The PPG also supported the practice with regard to the patient newsletter which the practice produced periodically.
- The practice had gathered feedback from staff through staff 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 on the day that they felt involved and engaged with how 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:

- Participated in two local Vanguard programmes, as part of which, the practice sought to provide a larger, more diverse primary care team within the local area and deliver more effective joined-up services to meet patient need. 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, the provision of services such as physiotherapy within the practice and making clinical visits to patients in residential care.
- The practice supported the Chapelthorpe Medical Centre Health Champions, these were a group of patients from the practice