

Rycroft Primary Care Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rycroft Primary Care Centre on 3 September 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves. We specifically found the practice to be outstanding for providing services to people with long term conditions.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues. There was a clear leadership structure and staff felt supported.
- Risks to patients were assessed and well managed.
- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- Information about services and how to complain was available and easy to understand.

- Urgent appointments were available for patients the same day as requested, although not necessarily with a GP of their choice.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family test and the patient participation group.

We saw several areas of outstanding practice:

- The practice routinely screened for chronic obstructive pulmonary disease (COPD) in all patients who were smokers and aged 40 and above; irrespective of any apparent symptoms. This had resulted in a higher than average prevalence of COPD for the practice. As a result of these interventions the practice could evidence a 26% reduction in COPD related hospital admissions, in the previous 12 months.
- The practice had an in-house smoking cessation service which was facilitated by a trained member of

Summary of findings

staff. Through interventions and support offered they could evidence the number of quitters over the past 12 months. This had resulted in a 16% reduction of registered smokers.

- There was a fully equipped gym located in the practice, with qualified gym instructors to assist

patients in improving their mobility, managing body weight and maintaining a healthy lifestyle. This was available to all patients who were registered with the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed and there were enough staff to keep patients safe. There were effective processes in place for safe medicines management.

Good



Are services effective?

The practice is rated good for providing effective services. Our findings at inspection showed systems were in place to ensure all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) and other locally agreed guidelines. We saw evidence to confirm these guidelines were positively influencing and improving practice and outcomes for patients. The practice actively screened for chronic obstructive pulmonary disease (COPD), which is a disease of the lungs, and could evidence reductions in the numbers of unplanned hospital admissions. A member of staff had been trained in smoking cessation and could evidence a reduction in registered smokers as a result of interventions.

There was a fully equipped gym located in the practice, with qualified gym instructors to assist patients in improving their mobility, managing body weight and maintaining a healthy lifestyle. This was available to all patients who were registered with the practice.

Staff worked with multidisciplinary teams to provide effective care and support to patients, improve outcomes and share best practice.

Good



Are services caring?

The practice is rated good for providing caring services. Care planning templates were available for staff to use during consultation. Information for patients about services was available and easy to understand. Patients we spoke with during our inspection said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. We saw staff treated patients with kindness, respect and maintained confidentiality.

Good



Summary of findings

The national GP patient survey data showed that patients rated the practice average or lower than others for several aspects of care. However, the practice had identified this was an issue and had developed an action plan to address the issues which had been raised through the survey.

Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with Wakefield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had good facilities and was well equipped to treat patients and meet their needs.

In 2013 Rycroft Primary Care Centre, in conjunction with White Rose Surgery and South Hiendley Surgery, had won a national award for their work in a pilot project. The project had provided intensive support to patients who were most at risk of a hospital admission or exacerbation of their condition. Following on from this, the practice had worked with the local CCG to look at how they could implement the work across the local area. This had resulted in the development of a local Integrated Team, who provided support for patients who had a long term condition and who resided within Wakefield CCG

There was an accessible complaints system and evidence showed the practice responded quickly to issues raised and learning from complaints was shared with staff. The practice was open on Saturday mornings. Urgent appointments were available for patients the same day as requested but not necessarily with a GP of their choice.

Good



Are services well-led?

The practice is rated good for providing well-led services. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff told us they felt supported by the GPs and management. The practice had a number of policies and procedures to govern activity. There were systems in place to identify risk, monitor and improve quality. Staff had received inductions, regular performance reviews and attended staff meetings. They were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated good for the care of older people. The practice offered proactive, personalised care to meet the needs of older people in its population. Longer appointments, home visits and rapid access were available for those patients with enhanced needs. The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care they needed.

Good



People with long term conditions

The practice is rated outstanding for the care of people with long term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All patients had a named GP and a structured annual review to check their health and medication needs were being met. For those people with the most complex needs, the named clinician worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice routinely screened for chronic obstructive pulmonary disease (COPD) in all patients who were smokers and aged 40 and above; irrespective of any apparent symptoms. Due to early intervention the practice could evidence a 26% reduction in the number of COPD related hospital admissions. All patients who had COPD, asthma, diabetes or epilepsy had individualised care plans in place.

The practice provided anticoagulation services for patients who were prescribed warfarin (a drug used in the prevention of the formation of blood clots in the blood vessels), and required regular blood tests. This service supported continuity of care and reduced the need for an unnecessary hospital attendance.

Outstanding



Families, children and young people

The practice is rated 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. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice told us all young children were prioritised and the under-fives were seen on the same day as requested. Staff told us children and young people were treated in

Good



Summary of findings

an age-appropriate way and were recognised as individuals. The practice provided sexual health support and contraception, maternity services and childhood immunisations. Data showed immunisation uptake rates were comparable for the locality.

Working age people (including those recently retired and students)

The practice is rated good for the care of working age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, they opened on Saturdays from 8am to 12pm. The practice also offered online services, telephone triage/advice and a full range of health promotion and screening that reflected the needs of this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated 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 who had a learning disability. Longer appointments were available for patients as needed. Annual health checks were offered for those who had a learning disability and data showed 71% of these patients had received one in the last twelve months.

Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 worked with multidisciplinary teams in the case management of this population group. It informed vulnerable patients how to access various support groups and voluntary organisations. There was an onsite drug and alcohol misuse worker to whom the clinicians could signpost/refer patients.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). All patients had a named GP. Annual health checks were offered for these patients and data showed 88% had received one in the last twelve months. The practice actively screened patients for dementia and maintained a register of those diagnosed. It carried out advance care planning for these patients.

The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example

Good



Summary of findings

the local mental health team. Patients who were experiencing poor mental health were given information on how to access various support groups and voluntary organisations, such as the Alzheimer's Society and Age UK. Staff had received training on how to care for people with mental health needs. All the staff had been trained in dementia awareness. Patients were actively screened for dementia, which had resulted in an increase of prevalence in the practice. All patients had advance care planning in place.

Summary of findings

What people who use the service say

Results from the NHS England GP patient survey published July 2015, showed the practice was performing in line with local and national averages. There were 116 responses which represents 0.53% of the practice population. Rycroft Primary Care Centre's performance was slightly below average compared to other practices located within Wakefield Clinical Commissioning Group (CCG) and nationally.

In October 2010, Rycroft Primary Care Centre and its branch at South Hiendley Surgery merged with White Rose Surgery. As a result of this, data is combined across all three locations, thereby making it difficult to determine whether responses referred to any specific location:

- 74% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 66% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 74%.
- 67% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 74%.

However, responses indicated the practice was above average in some areas:

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 76%.
- 76% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

The GPs and practice manager acknowledged the lower than average responses and had looked at ways of addressing the issues that had been identified. An action plan had been developed and discussed at practice level and also with the patient participation group (PPG). A practice specific patient questionnaire was being developed in conjunction with the PPG. The practice was also collating all patient satisfaction data from the national GP patient survey, the NHS Friends and Family test and their own survey. This was to analyse any themes to support identifying areas for improvement.

The latest results from the NHS Friends and Family test showed that 98% of respondents would be extremely likely to recommend this practice.

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 59 comment cards, the majority of which were positive about the standard of care received. Several cited individual members of staff in a complimentary manner, describing them as very caring, 'going out of their way to help' and feeling 'safe in their care'. There were four negative comments, two of which were regarding access to appointments.

During the inspection we spoke with three patients, one of whom was also a member of the patient participation group (PPG). All patients were complimentary about the practice, staff and service they received. The member of the PPG told us patients and the community felt very passionate about their GPs. They said the GPs were very compassionate and caring and there was a 'family feel' to the practice.

Outstanding practice

We saw several areas of outstanding practice:

- The practice routinely screened for chronic obstructive pulmonary disease (COPD) in all patients who were

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smokers and aged 40 and above; irrespective of any apparent symptoms. This had resulted in a higher than average prevalence of COPD for the practice. As a result of these interventions the practice could evidence a 26% reduction in COPD related hospital admissions, in the previous 12 months.

- The practice had an in-house smoking cessation service which was facilitated by a trained member of

staff. Through interventions and support offered they could evidence the number of quitters over the past 12 months. This had resulted in a 16% reduction of registered smokers.

- There was a fully equipped gym located in the practice, with qualified gym instructors to assist patients in improving their mobility, managing body weight and maintaining a healthy lifestyle. This was available to all patients who were registered with the practice.

Rycroft Primary Care 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 an additional CQC inspector, a GP advisor, a practice manager advisor and a practice nurse advisor.

Background to Rycroft Primary Care Centre

Rycroft Primary Care Centre (PCC) is located in a purpose built health centre in Havercroft, near to the towns of Wakefield and Barnsley. It is part of the Wakefield Clinical Commissioning Group.

Personal Medical Services (PMS) are provided under a contract with NHS England. Rycroft PCC is registered to provide the following regulated activities; maternity and midwifery services, family planning, surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services such as extended hours and childhood immunisations.

The practice is open between 8am to 6.30pm Monday to Friday and 8am to 12pm on Saturdays. When the practice is closed, out-of-hours services are provided by Local Care Direct.

We were informed that Rycroft PCC historically had a close working relationship with another practice, White Rose Surgery, Exchange Street, South Elmsall, Pontefract WF9

2RD. This had led to a merger of the practices in October 2010. Rycroft PCC also had a branch surgery at South Hiendley Surgery, Main Street, South Hiendley, Barnsley S72 9AB.

All three locations currently have separate registrations with CQC but share the same patient list, patient and QOF data, policies and procedures. (QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for managing some of the most common long term conditions and implementing preventative measures.) At the time of the inspection we were informed that discussions were being held between the partners with regard to a possible demerger between Rycroft PCC and White Rose Surgery.

The total patient list size is 21821 patients. There is a higher than national average of patients who have a long standing health condition (64% compared to 54% nationally) or a health related problem which affects their daily life (61% compared to 49% nationally).

Rycroft PCC hosts a range of clinical staff consisting of six GPs (four male, two female), one male nurse manager (who is also an independent prescriber), one female independent nurse prescriber, a female practice nurse, a female clinic nurse and a health care assistant. There is a practice manager, who had only been in post two weeks. They are supported by a team of reception and administration staff. Some of the staff can rotate between Rycroft PCC and South Hiendley Surgery.

There is an accessible gym on site, which is open Monday to Friday. There is an employed gym instructor who develops personalised fitness plans with each patient. Patients can self-refer or be referred by clinical staff. Patients also have access to secondary care specialist services, such as X-ray, urology, ophthalmology and audiology, which are consultant led and located in premises adjacent to the White Rose Surgery.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

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

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and Wakefield Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and national GP patient survey (July 2015). All QOF and patient survey data for Rycroft PCC related to patients across all three locations and could not be separated into being location specific.

We carried out announced inspections at all three locations over two days. We attended Rycroft PCC, Madeley Road, Havercroft, Wakefield WF4 2QG on the 3 September 2015. During our visit we spoke with four GPs, the nurse manager, two practice nurses, a health care assistant, the practice manager and three administration staff. In addition, we spoke with a gym instructor and a staff member of the Wakefield Integrated Substance Misuse Service. We also spoke with three patients, one of whom was a member of the patient participation group. We reviewed 59 CQC comment cards, where patients had shared their views and experiences of the practice and service they received.

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 are provided for specific groups of people and what good care looks 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 who have dementia)

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. An analysis of the significant events was carried out and actions or learning identified was cascaded to the practice staff. For example, a blood sample had been incorrectly labelled. Additional training on handling samples and ensuring details were correct was provided. Learning was cascaded to staff.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Staff could give us examples of recent alerts, such as there had been an issue regarding battery insulin pumps. The practice had undertaken checks to see if any patients were using this specific pump.

All significant events and any safety issues were discussed at the joint Rycroft PCC, South Hiendley Surgery and White Rose Surgery Board meetings, where all the partners were involved.

Overview of safety systems and processes

The practice could demonstrate its safe track record through risk management systems there were in place for safeguarding, health and safety, infection prevention and control, medicines management and staffing. NICE guidance and the majority of policies and procedures were accessible to staff on the practice's electronic system.

- Arrangements which reflected relevant legislation and local requirements and policies, which were in place to safeguard adults and children from abuse, 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 flowchart for safeguarding and contact details displayed in all the consulting rooms. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. When a child attended for an appointment, the clinician ensured the name of the adult who accompanied them was recorded in the notes. One of the GPs was the safeguarding lead for the

practice. We were informed that an annual meeting takes place involving clinicians from all three locations, where the safeguarding registers and any patients of concern are comprehensively discussed.

- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a 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. These 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. Clinicians recorded in the patient's record when a chaperone was offered and the name of the chaperone who was in attendance.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was an up to date health and safety policy in place. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the designated infection prevention and control (IPC) clinical lead, who kept up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence action was taken to address any improvements identified as a result. The practice had carried out Legionella risk assessments and regular monitoring.
- There were arrangements in place for managing medicines, such as emergency drugs and vaccinations. We saw records to confirm this, which included expiry date checks and vaccine refrigerator temperature readings. Prescription pads and blank prescriptions were securely stored and there were systems in place to

Are services safe?

monitor their use. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

- Recruitment checks were carried out and the three files we sampled showed appropriate checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the relevant professional body and the appropriate checks through the DBS.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had received annual basic life support training and there were emergency medicines available in the treatment room. There was a defibrillator and oxygen available on the premises. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems in place to ensure all clinical staff had access to up-to-date guidelines from the National Institute for Health and Care Excellence (NICE), Wakefield CCG and local disease management pathways. Clinicians carried out assessments and treatments in line with these guidelines and pathways to support delivery of care to meet the needs of patients. For example, the local pathway for patients who have chronic obstructive pulmonary disease (a disease of the lungs). The practice monitored that these guidelines were followed through risk assessments, audits and patient reviews.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a process intended to improve the quality of general practice and reward good practice. Information collected for the QOF and performance against national screening programmes was used to monitor outcomes for patients. Current results were 99.6% of the total number of points available, with 6.5% exception reporting. (Exception reporting allows practices not to be penalised where, for example, patients do not attend for review or a medication cannot be prescribed due to a contraindication or side-effect.) QOF data from 2013/14 showed:

- Performance for diabetes related indicators was 95.3%, which was higher than the local CCG at 90.8% and national at 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, which was higher than the local CCG at 99.4% and national at 97.8%.
- Performance for mental health related indicators was 100%, which was higher than the local CCG at 94.3% and national at 92.8%.
- Performance for dementia related indicators was 100%, which was higher than the local CCG at 94.3% and national at 94.5%.

The practice routinely screened for COPD in all patients who were smokers and aged 40 and above; irrespective of any apparent symptoms. A range of tests were used that can help with diagnosis of COPD, for example spirometry (a

test which measures lung capacity). As a result of this screening, the practice had a higher than average prevalence of COPD compared nationally. All patients who were diagnosed with COPD were then followed up and a self-management care plan was developed in partnership with the patient. For those patients who were most at risk of an acute exacerbation of their symptoms or an unplanned hospital admission, they were issued with a 'rescue pack', in line with NICE guidance for COPD. This pack consisted of individualised written advice on early recognition of an exacerbation, management strategies, provision of antibiotics and corticosteroids for self-treatment and a named contact. As a result of these interventions, in the previous 12 months, the practice could evidence a 26% reduction in COPD hospital admissions.

The practice provided anticoagulation services for patients who are prescribed warfarin (a drug used in the prevention of the formation of blood clots in the blood vessels), and require regular blood tests. This service supported continuity of care and reduced the need for an unnecessary hospital attendance.

All the staff had received dementia training. The practice actively screened patients for dementia using a dementia toolkit.

Clinical audits were carried out and all relevant staff were involved to improve care, treatment and patient outcomes. The practice could evidence quality improvement through completed clinical audits. For example, ensuring all child consultations record consent and who has attended with the child. There had been an improvement in recording the information, from 42% to 64%, in the 12 months since the initial audit.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed:

- Staff had received mandatory training that included safeguarding, fire procedures, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Individual training needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to, and made use of, e-learning training modules. All staff had received an appraisal in the previous 12 months.

Are services effective?

(for example, treatment is effective)

- Staff told us they were supported by the practice to undertake any training and development.
- All GPs were up to date with their revalidation and appraisals.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked with other health and social care services to understand the complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team meetings took place on a two monthly basis and that care plans were routinely reviewed and updated. The practice held a range of weekly and monthly meetings between the clinical staff, where they shared information regarding patient care, outcomes and concerns, such as any safeguarding issues.

The practice could evidence how they followed up patients who had attended accident and emergency (A&E), or who had an unplanned hospital admission. These patients were allocated between the GPs who would then assess whether the patient needed to be seen by a clinician. Patients' records were also updated and a flag put on the system to alert a clinician during a consultation. The practice had audited the numbers of A&E attendances over a six month period. As a result they had identified a need to provide appointments on Saturday mornings.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these requirements. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome. When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in

line with relevant guidance, such as Gillick competency. This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Health promotion and prevention

The practice's uptake for the cervical screening programme was 82%, which aligned with the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation uptake rates for the vaccinations offered were comparable to the national averages. For example, uptake rates for children aged 24 months and under ranged from 86% to 97% and for five year olds they ranged from 88% to 98%.

The seasonal flu vaccination uptake rate for patients aged 65 and over was 80%. Uptake for those patients who were in a defined clinical risk group was 62%. These were both higher than the national average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Where abnormalities or risk factors were identified, appropriate follow-up on the outcomes were undertaken.

The practice identified patients who were in need of additional support. These included patients who may have been in the last 12 months of their lives, carers, those at risk of developing a long term condition or required healthy lifestyle advice such as dietary, smoking and alcohol cessation. These patients were signposted to the relevant service. For example, the practice had an in-house smoking cessation service which was facilitated by a trained member of staff. Through interventions and support offered to patients they could evidence the number of quitters over the past 12 months. This had resulted in a 16% reduction of registered smokers in the practice.

There was a fully equipped gym located in the practice, with qualified gym instructors to assist patients in improving their mobility, managing body weight and maintaining a healthy lifestyle. This was available to all patients who were registered with the practice.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and those spoken with on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity were maintained during examinations, investigations and treatments. We noted consulting and treatment room doors were closed during patient consultations and that conversations taking place in these rooms could not be overheard.

Data from the July 2015 national GP patient survey showed respondents rated the practice below the local CCG and national average to questions regarding how they were treated. This data was combined across all three merged locations, thereby making it difficult to determine whether responses referred specifically to Rycroft PCC:

- 74% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%
- 91% said the GP gave them enough time compared to the CCG average of 93% and national average of 87%
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%
- 78% said the receptionists at the practice were helpful, compared to the CCG average of 87% and national average of 87%

The GPs and practice manager acknowledged the lower than average responses and had looked at ways of addressing the issues that had been identified. An action plan had been developed and discussed at practice level and also with the patient participation group (PPG). A practice specific patient questionnaire was being developed in conjunction with the PPG. The practice was

also collating all patient satisfaction data from the national GP patient survey, the NHS Friends and Family Test and their own survey. This was to analyse any themes to support identification of areas for improvement.

On the day of our inspection we spoke with three patients. They all told us they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The member of the patient participation group (PPG) we spoke with was extremely complimentary about the practice and the staff, citing them as being very caring and compassionate. Comments received on the CQC comment cards cited staff as being excellent and 'going out of their way to help'.

Care planning and involvement in decisions about care and treatment

Data from the July 2015 national GP patient survey showed respondents rated the practice below the local CCG and national average to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

The patients we spoke with on the day of our inspection, and comments on the CQC cards we received did not align with the survey responses. They informed us they felt listened to and involved in the decisions made about the care they received and the choice of treatment available to them.

We saw templates and care plans the practice used with patients to support management of their condition. For example, all patients who had COPD, asthma, diabetes or epilepsy had individualised care plans in place. These care plans identified agreed goals, recorded test results, informed patients what to do in an emergency and contained contact details of clinicians and relevant services.

Patient and carer support to cope emotionally with care and treatment

There was a register of carers in place and the computer system alerted clinicians if a patient was also a carer. We

Are services caring?

saw there was information in the patient waiting area which displayed a variety of notices informing patients and carers how to access further support through several groups and organisations. All carers for someone who had dementia were registered, invited for support consultations and screened for depression, as necessary. They were also signposted/referred to other services as needed, for example social services or Age UK.

We were informed that if a patient had experienced a recent bereavement, there was a prompt on their computerised record to alert the clinician during a consultation. Patients were also offered further support as required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- The practice offered extended hours 8am to 12pm on Saturdays for patients who found it difficult to attend appointments during Monday to Friday, for example the working age population.
- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

There were translation services available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

In 2013 Rycroft PCC, in partnership with White Rose Surgery, had won a national award for their work in a pilot project, which had provided intensive support to patients who were most at risk of a hospital admission or exacerbation of their condition. Following on from this, the practice had worked with the local CCG to look at how they could implement the work across the local area. This had resulted in the development of a local Integrated Team, who provided support for patients who had a long term condition and who resided within Wakefield CCG.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday and 8am to 12pm on Saturday. Appointments could be pre-booked up to eight weeks in advance and urgent appointments were available. Appointments could be made in person at the practice, over the telephone or online via the practice website.

Data from the July 2015 national GP patient survey showed that respondents' satisfaction with how they could access care and treatment was variable compared to local and national averages. Again, this data was combined across all three locations, thereby making it difficult to determine whether responses referred specifically to Rycroft PCC:

- 78% were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 76%.
- 66% said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 74%.
- 67% described their experience of making an appointment as good compared to the CCG average of 73% and national average of 74%.
- 75% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The complaints policy outlined the timescale the complaint should be acknowledged by and where to signpost the patient if they were unhappy with the outcome of their complaint.

Information how to make a complaint was available in the waiting room, the practice leaflet and on the practice website.

The practice kept a complaints register for all written and verbal complaints. There had been 15 complaints over the last 12 months. There were no specific themes to the complaints. We found they had all been satisfactorily dealt with, identifying actions, the outcome and any learning had been disseminated to staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There was a mission statement in place which identified the practice values. All the staff we spoke with knew and understood the practice vision and values. There was a sense of pride about the delivery of service and care that patients received.

We were informed about the possible demerger with White Rose Surgery but no definite decision had been made. Many of the staff we spoke with felt there was some instability caused by not knowing whether they were going to demerge or not.

The GPs articulated their vision for the future development of the practice, taking into account the patients' needs in their community.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care and safety to patients. This outlined the structures and procedures in place and ensured there was:

- A clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies in place, which were up to date and available to all staff
- A comprehensive understanding of practice performance
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements

- Robust arrangements for identifying, recording and managing risks
- Priority in providing high quality care

Leadership, openness and transparency

We were informed there was an open and honest culture within the practice. Staff told us all partners and members of the management team were visible, approachable and took the time to listen. Systems were in place to encourage and support staff to raise concerns and a 'no blame' culture was evident.

Regular meetings were held where staff had the opportunity to raise any issues, felt confident in doing so and were supported if they did. Staff said they felt respected, valued and appreciated. Both clinical and non-clinical spoke passionately about their aims to ensure they delivery quality patient care to continually improve the patients' experiences and outcomes.

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

The practice had gathered feedback from patients through the patient participation group (PPG), patient surveys, the NHS Friend and Family test, comments and complaints received. The PPG met regularly and was actively engaged with the practice in submitting proposals, approving recommendations and giving patient feedback. For example, privacy issues had been raised whilst patients were waiting at the reception. As a result there had been a rope barrier put in place and a notice advising patients to stand behind it and give others privacy.

The practice also gathered feedback from staff through meetings, discussion and the appraisal process. Staff told us they felt involved and engaged in the practice to improve service delivery and outcomes for patients.