

# Henry Moore Clinic

## 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 Henry Moore Clinic on 8 March 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.

- All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was aware of and complied with the requirements of the Duty of Candour (
- There was a clear leadership structure with an experienced and
- Risks to patients were assessed and well managed.
- Information regarding the services provided by the practice was available for patients.
- There was a complaints policy and clear information available for patients who wished to make a complaint.

### Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events and
- There was a nominated lead for safeguarding children and adults. Systems were in place to keep patients and staff safeguarded from abuse.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- 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. For example there were processes in place for safe medicines management and infection prevention and control.
- Although some risk assessments in relation to occupational health and safety had been carried out the practice had not developed and implemented overarching health and safety and fire safety risk assessments. However we were assured that these would be developed by the practice and implemented over both sites.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Weekly clinical meetings were held between the GPs and nursing staff to discuss patient care and complex cases and monthly multi-disciplinary meetings were held to discuss palliative care.
- 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.

# Summary of findings

- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. The practice used a risk profiling tool to identify these patients. The practice then carried out advanced care planning and regular patient reviews, which involved multi-disciplinary working across health and social care providers.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- The practice had a strong patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion. Additionally patients told us that they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We heard evidence that the practice actively worked with families of patients to ensure where necessary that care plans were suitable and fit for the needs of the patient.
- Staff had received dementia awareness training.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had offered an abdominal aortic aneurysm clinic for patients for over two years ( this screening sought to detect dangerous swellings of the aorta - the main blood vessel that runs down from the heart, down through the abdomen to the rest of the body).
- National GP patient survey responses, and patients we spoke with 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.

# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The GPs from the practice had delivered a number of puberty workshops in local schools. These workshops discussed issues such as changes in the body and physical and emotional health. We were told these workshops had been well received by teaching staff and pupils.

## Are services well-led?

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

**Good**



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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 practice had developed a strong ethos of staff training and development and was a training practice for GP registrars and medical students.
- The provider was aware of and complied with the requirements of the Duty of Candour (being open and transparent with people who use the service, in relation to care and treatment provided).
- There were systems in place for being aware of notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered urgent appointments for those with enhanced needs.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. The practice used a risk profiling tool to identify these patients. The practice then carried out advanced care planning and regular patient reviews, which involved multi-disciplinary working across health and social care providers.
- The practice held carer's details and access key codes on patient records to enable them to contact carers when required and gain easy entry for home visits.
- The practice had begun to participate in the CCG Vanguard scheme for care homes. This scheme saw routine visits being made to care homes to review patients needs, offer treatment and update care plans.
- The practice was liaising with local care homes to develop a DoLS register (Deprivation of Liberty Safeguards) DoLS relate to people who are placed in care homes or hospitals for their care or treatment and who lack mental capacity. The development of the register would allow the practice to recognise patients and better deliver treatment and packages of care.

### People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management . For example, a GP partner and a practice nurse had been appointed as leads for diabetes.
- A nurse was available who could initiate both insulin and other medication injections and a further nurse was undergoing training to increase capacity in this area work.
- The practice maintained a chronic disease register which identified patients and allowed more effective care planning.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Regular monthly palliative care meetings were held with the lead GP, district nurses and specialist nursing staff.
- The practice had a high referral rate to structured educational programmes such as DESMOND
- Daily appointments were available to long term condition patients for blood and blood pressure tests.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and/or who were at risk, for example, children and young people who were recognised as having concerns with regard to their safeguarding.
- The lead GP for safeguarding held regular monthly meetings with health visitors to discuss cases.
- Immunisation rates were consistently high for all standard childhood immunisations when compared to the CCG average.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- Sexual health and contraceptive and cervical screening services were provided at both practice locations and the practice participated in the c-card scheme which gave young persons access to contraceptives.
- 79% of eligible patients had received cervical screening in the preceding five years, compared to 82% both locally and nationally.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



# Summary of findings

- The practice was proactive in offering online services such as appointment booking and prescription ordering and offered the electronic transfer of prescriptions to the patients pharmacy of choice.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in circumstances that may make them vulnerable including those with a learning disability and the frail elderly.
- The practice offered longer appointments for patients with a learning disability and had appointed a dedicated learning disability nurse to meet the needs of this population group.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. 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)

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

Good



- 80% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is slightly below the national average of 84%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive and agreed care plan in the record in the preceding 12 months compared to a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.



# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia. For example dementia awareness training had been provided for all reception and administration staff.
- Patients were able to access psychological therapies on referral from the practice.
- Clinicians were able to inform patients how to access various support groups and voluntary organisations. This included signposting young patients to online counselling support.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 298 survey forms were distributed and 106 were returned for a response rate of 36%. This represented 1% of the practice's patient list.

- 77% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 69% were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 76%.
- 90% described the overall experience of their GP surgery as fairly good or very good compared to a national average of 85%.

- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards of which the majority were positive about the standard of care received, many comments praised the caring, compassionate and friendly attitude of staff. Two comment cards raised concerns with regard to the difficulty of accessing appointments and on occasion a lack of continuity of care.

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

# Henry Moore Clinic

## 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 practice nurse specialist adviser, and a practice manager specialist adviser.

## Background to Henry Moore Clinic

The Henry Moore Clinic is located in Castleford, West Yorkshire, it operates a surgery at the Henry Moore Clinic and a branch at the Fryston Road Surgery also in Castleford. Both main and branch surgeries currently provide services for around 10,400 patients and in the past year has seen its practice list grow by over 260 patients.

The Henry Moore Clinic is located in a mixed residential and business area of Castleford and is located in a terrace of commercial properties. The premises itself has been converted from a previous commercial use. For the current patient population the practice reports that space is very limited. Parking is available outside the surgery for a limited period, however other parking is available on side streets. The Henry Moore Clinic is accessed via a low concrete ramp into a small lobby. The main reception and the majority of the consultation rooms are located on the first floor which can be accessed via stairs or a passenger lift.

The Fryston Road Surgery is located in the Airedale area of Castleford and is approximately two miles from the Henry Moore Clinic, parking is available on the surgery site and access to the premises is suitable for those with a disability.

The practice is a member of the NHS Wakefield Clinical Commissioning Group (CCG.)

The practice population age profile shows that it is slightly below the England average for those over 65 years old (17% of the practice population is aged over 65 as compared to the England average of 18%) and 62% of the practice population report having a long standing health condition compared to a CCG average of 58% and an England average of 54%. Average life expectancy for the practice population is 76 years for males and 81 years for females (the CCG average is 77 years for males and 81 years for females and the England average is 79 years for males and 83 years for females respectively). The practice is located in an area of relative deprivation being ranked in the third most deprived decile. In general those with a long standing health issues and those living in more deprived areas tend to have a greater need for health services.

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

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation.
- Learning disability support
- Dementia support
- Patient participation
- Extended hours access
- Minor surgery

# Detailed findings

- Improving patient online access

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

- Chronic illness management including asthma and diabetes.
- Minor surgery
- Joint injection
- Well women clinics
- Health checks
- Community midwives hold weekly clinics at both sites.

The practice has four GP partners (one male, three female), one salaried GP (female), there are also currently two GP Registrars and one medical student gaining training and experience within the practice. In addition there is a nursing team of three practice nurses (female) and three health care assistants (female). Clinical staff are supported by a practice manager, an administration/reception team and a team of cleaners.

The practice has an active role in the training and development of health professionals and two of the partners are accredited trainers.

The practice offers two types of appointment, these being:

- Pre-bookable appointments with a GP or nurse.
- Urgent/emergency appointments.

Appointments could be made in person, via the telephone or on- line.

The main surgery Henry Moore Clinic is open:

Monday 7.15am to 6.30pm

Tuesday 7.45am to 1pm

Wednesday 7.15am to 6.30pm

Thursday 7.15am to 6.30pm

Friday 7.45am to 6.30pm

The Fryston Road Clinic branch surgery is open:

Monday 7.15am to 6.30pm

Tuesday 7.15am to 6.30pm

Wednesday 7.15am to 1pm

Thursday 8am to 6.30pm

Friday 8am to 6.30pm

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

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 March 2016. During our visit we:

- Spoke with a range of staff GP partners and a GP registrar, members of the nursing team and members of the administration and reception team, we also spoke with patients who used the service.
- Spoke with NHS Wakefield Clinical Commissioning Group.
- Observed how staff interacted with patients in the reception and waiting areas
- Reviewed anonymised records.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

# Detailed findings

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- All staff were encouraged and supported to record any incidents using the electronic reporting system. We saw evidence that incidents had been thoroughly investigated, that learning had taken place and that incidents were discussed at team meetings and cascaded to staff.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient reported that they had developed a rash after being issued medication during a home visit. The practice reviewed the incident and implemented a revised process which required clinicians to check the patient summary page for sensitivities and allergies prior to carrying out a home visit.

We were told that when there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice was also aware of their wider duty to report incidents to external bodies such as NHS Wakefield CCG and NHS England.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant

legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare,

- A notice in the waiting room and in consulting rooms advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during a medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had developed a detailed cleaning schedule and we observed the practice maintained high standards of cleanliness and hygiene.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an infection control protocol in place and staff had received up to date training and instruction. We saw evidence that a IPC audits had taken place and action was taken to address any improvements identified as a result. The practice had recently received an external audit across both locations and had attained a high level of compliance.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice worked closely with the CCG medicines optimisation team to ensure prescribing was in line with best practice guidelines. Prescription 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed five 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. We

## Are services safe?

did though note that the practice needed to review and update it's records in relation to immunity and vaccination status of it's staff. When raised with the practice they agreed that this would be carried out.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. The practice had carried out regular fire drills and 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 carried out a number of specific risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- However the practice had not carried out overarching health and safety risk assessments or fire risk assessments. When informed of this the practice agreed to carry these out.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and the practice could call on the services agency support when this was required.

### Arrangements to deal with emergencies and major incidents

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

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

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. The plan had been activated recently when the practice suffered a telephony failure.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Updates were also discussed at the GP and nursing team meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/2015 showed that the practice attained 95% of the total number of points available, with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- 80% of patients with diabetes had a blood pressure reading which was within normal parameters compared to 78% nationally.
- 84% of patients with diabetes had received a foot examination and a risk classification for potential problems, compared to 88% nationally.
- 81% of patients with hypertension had a blood pressure reading which was within normal parameters, compared to 84% nationally.

- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan noted in the the record compared to 88% nationally.

Clinical audits demonstrated quality improvement.

- There had been clinical audits completed in the last two years, of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example,
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing practice procedures with regard to

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. In addition the practice had developed an induction pack for registrars and medical students.
- 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. This was demonstrated by the practice supporting a member of the nursing team to gain a specialist diabetes qualification. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings and via supervision/mentoring.
- 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



# Are services effective?

## (for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who were vulnerable with complex needs and who could be at risk of unplanned hospital admission. Once identified the practice then carried out care planning which involved multi-disciplinary working across health and social care with regular patient reviews (some multi-condition) being carried out.

In addition patients who attended accident and emergency (A&E) and had an unplanned hospital admission were reviewed to assess if further patient support would be required.

The practice demonstrated a patient centred approach to end of life care and held monthly multi-disciplinary palliative care meetings.

A quarterly diabetic multi-disciplinary meeting was held with input from a secondary care diabetologist to facilitate improved care planning.

### 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.
- A GP had recently received training in relation to Deprivation of Liberty Safeguards and had cascaded this training to other clinicians within the practice.

### Supporting patients to live healthier lives

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

- These included patients:
- who were in the last 12 months of their lives
- who were at risk of developing a long term condition
- who required healthy lifestyle advice, such as dietary advice, support with alcohol consumption and smoking cessation.
- who acted in the capacity of a carer and may have required additional support.

Patients were then offered either in-house support or signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was generally comparable to the national average of 82%. There was a policy to offer telephone

## Are services effective?

(for example, treatment is effective)

reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend other national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were slightly above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% (CCG averages ranged from 94% to 98%) and five year olds from 94% to 98% (CCG averages ranged from 92% to 97%).

The practice provided a comprehensive sexual health service, which included coil and implant fittings, and participated in the c-card scheme which provided contraceptive access to young people.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- 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.

It was noted during the inspection that due to the limited space in the reception area of the Henry Moore Clinic that conversations could be heard. However the practice had identified this and used a notice to inform patients that their conversations could be overheard and had instructed staff how to deal with confidentiality issues, for example staff spoke quietly to patients where this was appropriate.

The majority of the 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 seven members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff were friendly and responded compassionately when they needed help and provided support when required.

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

- 97% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.

- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 93% said the last GP they spoke to was good at treating them with care and concern compared to a national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern
- 88% said they found the receptionists at the practice helpful

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients were able to make decisions regarding their preferred place of treatment should this be required using Choose and Book. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Staff told us that interpretation services were available for patients who did not have English as a first language.

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

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations including carers support groups and groups supporting those who experienced poor mental health.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement that the practice would proactively offer support including home visits if these were requested or required.

# 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 NHS Wakefield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Early morning sessions were available at both practice locations.
- The practice had developed a pre-diabetic screening programme for identified high risk patients. The programme reviewed patient blood sugar levels on a regular basis and offered healthy lifestyle advice to participating patients. At the time of inspection the practice had identified and was working with 127 pre-diabetic patients.
- Patient records were Read coded to confirm that discussions had taken place with diabetic patients around the DVLA guidelines around diabetic status and driving. The discussion ensured that patients were fully aware of their responsibilities with regard to driving. At the time of inspection the Read code had been added to 139 patient records.
- The practice had offered an abdominal aortic aneurysm clinic for patients for over two years ( this screening sought to detect dangerous swellings of the aorta - the main blood vessel that runs from the heart, down through the abdomen to the rest of the body. The practice had screened 42 patients during 2014/2015 and had identified one patient with the condition.
- A quarterly diabetic multi-disciplinary meeting was held with input from a secondary care diabetologist.
- The GPs from the practice had delivered a number of puberty workshops in local schools. These workshops discussed issues such as changes in the body and physical and emotional health. We were told these workshops had been well received by teaching staff and pupils.
- Staff at the practice had developed an advice leaflet for parents regarding common childhood infections.
- There were longer appointments available for patients with a learning disability and those that required extra time such as the frail elderly.

- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children under five years old and those with serious medical conditions.
- There were disabled facilities available and a lift had been installed in the Henry Moore Clinic which assisted patients to access reception and the main consulting rooms.
- The practice had developed a social media presence to improve interaction with sections of their practice population.

### Access to the service

The main practice location and branch surgery offered opening times from between 7.15am and 6.30pm on various days Monday to Friday. The majority of appointments were pre-bookable although a duty GP (and embargoed slots within each GP's calendar) allowed for urgent/emergency appointments to be seen on the day.

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.

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 77% patients said they could get through easily to the surgery by phone compared to the national average of 73%.

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

The practice was a founder member of the United Health Wakefield Alliance, the local Federation of practices. Current work of the Alliance included developing and piloting approaches to seven day service access for patients.

### 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.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system which included posters in the reception areas.

We looked at five complaints received in the last 12 months. We found they had been satisfactorily handled and had identified any actions. Lessons were learnt and action was taken to improve quality of care as a result.

# 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 statement of purpose in place which identified the practice values.

There was a strong patient centred ethos amongst all levels of practice staff and a desire to provide high quality care which was apparent during the entire inspection. This was further supported by the views of patients and members of the patient participation group.

The practice partners and management team were aware of the challenges faced by the practice such as limitations imposed by the building housing the main Henry Moore Clinic and the need to develop capacity and had begun to implement plans to address these. For example, the practice had supported staff to gain further qualifications thereby increasing staff capability and capacity to meet the needs of the patient population.

### 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 which was used to monitor quality and to make improvements
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and reported these when required, for example to NHS England or the CCG.

When there were unexpected or unintended safety incidents:

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

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

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

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

The practice encouraged and valued feedback from patients and staff. It actively sought feedback from patients through the patient participation group (PPG), patient surveys, the NHS Friend and Family Test, complaints and compliments received. The PPG and practice staff had monthly face to face meetings. Members of the PPG felt that they were engaged with the practice and felt that they had made a positive contribution. For example, they had worked with the practice to promote online access and seen online activity rise by around 8% in a 12 month period..

# Are services well-led?

Good 

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

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

## Continuous improvement

There was a strong focus on continuous learning, improvement and innovation at all levels within the practice. For example, the practice:

- had developed “Day in the Life” boards displayed in the reception at the Henry Moore Clinic which gave patients an insight into the working lives of clinical and non-clinical staff within the practice.
- was a founder member of the United Health Wakefield Alliance, the local Federation of practices. Current work of the Alliance included developing and piloting approaches to seven day service access.
- GPs from the practice were proactive members of the local network.
- hosted audiology services within the practice with a local business.
- had established a cross-staff immunisation working group to examine how this area of practice business could be improved.