

College Lane Surgery

Quality Report

Barnsley Road

Ackworth

Pontefract

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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 College Lane Surgery, Ackworth, Pontefract and the practice branch surgery at Thorpe Audlin on 19 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice had developed services which met specific local need.
- 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.
- Information about services and how to complain was available and easy to understand.

- Patients said they generally found it easy to make an appointment with a named 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- The practice had established a weekly teenage health clinic. This offered a confidential, parent/carer free service for young people and was held in a separate area away from other patients. In the past 12 months 65 young people had attended these clinics for health advice and treatment. The practice had in place processes with regard to ensuring safeguarding controls and Fraser and Gillick competences were met.
- The practice had a proactive approach to services for patients with dementia and their families. For example the practice had:

Summary of findings

- It had instituted a wide ranging dementia screening programme and offered effective support to those subsequently diagnosed with a cognitive impairment.
- Worked hard to raise community awareness of dementia and staff were aware of the needs of this group of people and organisational and physical adjustments and improvements had been put in place to meet their needs.

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
- We saw evidence that lessons were shared to make sure action was taken to improve safety in the practice.
- 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.
- Medicines optimisation was well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and the national average.
- The practice used innovative and proactive methods to improve patient outcomes. For example the practice had participated as a pilot practice for the Connecting Care programme for the past two years. The programme sought to provide patients with wraparound health and care support with detailed care planning to enable them to live at home and reduce unnecessary admissions for secondary care services. The practice held monthly multi-disciplinary team meetings and activities included reviewing discharges, cross referral between services to meet patient needs, the development of advanced care plans and signposting to other service providers. This service has now become mainstreamed across the Wakefield locality as part of the wider Wakefield Vanguard programme.
- The practice provided a service that aimed to help vulnerable patients avoid unplanned hospital admission. This was part of a direct enhanced service agreement, which involved proactive care management for patients who were vulnerable due to their complex needs. Once identified the practice then carried out care planning which involved multi-disciplinary working

Summary of findings

across health and social care with regular patient reviews (some multi-condition) being carried out, additionally patients were given a dedicated practice telephone number to contact if their condition worsened. This service was provided to 2% (176 patients) of the practice population over 18 years of age.

- The practice reviewed patients who had presented to Accident and Emergency (A&E) to establish the appropriateness of the attendance, and where an attendance had been deemed inappropriate the patient was contacted to discuss their reason for attending A&E and offered support or advice on how they might deal with any future care. On receipt of a discharge letter all patients were offered either a face to face review, home visit if required or a telephone review with a GP.
- The practice had carried out extensive dementia screening and had offered ongoing support and referral to other services for those who had subsequently been identified as having a cognitive impairment.
- The practice hosted an over 55s audiology service which was based in the main surgery, this allowed testing and the fitting of a hearing aid in one appointment.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The practice had set up a self health check area in the main waiting area. This was equipped with a blood pressure monitor and a weighing machine which offered weight and Body Mass Index readings.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for most aspects of care. For example, 91% of patients described the overall experience of their GP surgery as fairly good or very good compared to a national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- The practice recognised the needs of vulnerable members of their community and was accredited under the Dementia Friends initiative and participated in the Wakefield Safer Places Scheme.
- When the practice became aware that patients were discharged from hospital they made contact with the patient and offered them the opportunity for an appointment or a home visit when their needs could be reviewed.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice 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 established a weekly teenage health clinic. This offered a confidential parent/carer free service for young people and was held in a separate area away from other patients. In the preceding 12 months 65 young people attended these clinics for health advice and treatment. The practice had in place processes with regard to ensuring safeguarding controls and Fraser and Gillick competences were met.
- The practice had recognised the needs of specific sections of its patient population and had been recognised by being awarded dementia friendly status. Staff were aware of the needs of this group of people and organisational and physical adjustments and improvements had been put in place. For example longer appointments were available and signage and toilet facilities had been designed and installed with the needs of dementia patients in mind.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice and branch surgery had good facilities and were well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- 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 management team were aware of challenges faced by the practice, these included meeting the needs of an ageing population and succession and workforce planning. As well as identifying these challenges the practice actively worked to tackle these respectively via the development of specialised services and clinics and through staff career progression and training.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had a strong culture with regard to training and development and acted as a training practice for GP Registrars, coordinated undergraduate nursing student placements for surgeries in the Wakefield area as the Wakefield Primary Care First HUB and organised the Apprentice Health Care Assistants scheme in partnership with Barnsley College.

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 held regular multi-disciplinary team meetings with partners which included meetings to avoid unplanned admissions and as part of the Connecting Care programme.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Since 2013 patients over 55 could attend a weekly audiology clinic which was hosted by the practice. This allowed testing and the fitting of a hearing aid in one appointment. Between 2013 and 2015 356 patients accessed the service and waiting times were reduced from up to six months when delivered previously at a local hospital to two to four weeks for the in-house service. Since April 2015 this service was also extended to those aged 19 years and over.

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 and patients at risk of hospital admission were identified as a priority.
- Clinical staff worked together and carried out multi-condition reviews whenever possible rather than inviting the patient to take part in a number of individual reviews.
- Longer appointments and home visits were available when needed.
- 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.
- Care plans were in place for 67% of patients with stroke, epilepsy and Chronic Obstructive Pulmonary Disease (COPD) which already exceeded the local commissioning network goal of 65% by the end of March 2016.

Summary of findings

- The practice hosted a diabetic speciality clinic every three months with support from a specialist diabetic nurse and the lead diabetic lead at the practice.
- The practice offered prostate cancer management and follow-up service which was in line with the Shared Care guidelines. The service was operated by a GP and lead practice nurse within the surgery and offered hormonal injections as well as care planning and recalls and reviews. In the preceding 12 months the practice had administered 74 therapy injections and had a current register of 24 patients. Satisfaction with the service amongst patients was high with all patients rating the care as either good or excellent in a survey carried out in 2015.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice developed and ran a weekly confidential teenage only clinic at the main surgery for children and young people. This offered confidential parent/carers free service and was held in a separate area away from other patients. In the preceding 12 months 65 young people attended these clinics for health advice and treatment. The practice had in place processes with regard to ensuring safeguarding controls and Fraser and Gillick competences were met.
- Immunisation rates were high for all standard childhood immunisations.
- There was the facility for children to have walk-in/urgent access to see a GP. Additionally appointments were available outside of school hours.
- The practice held weekly baby clinics with three separate sessions being available. We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice participated in the C-Card scheme which gave access to contraceptives to young people.

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).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered early morning GP and practice nurse appointments from 7am and Saturday morning surgeries on alternate weeks at the main surgery.
- The practice offered online appointment booking and repeat prescription requests could be made in a variety of ways such as via a visit to the surgery or via the post or on line. Prescriptions could also be sent direct to the patient's chemist of choice via the Repeat Dispensing Service and E-Prescribing.
- The practice was proactive in offering a range of health promotion and healthy lifestyle services which included access to health trainers and signposting to support groups.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and had appointed lead GPs for both childrens and adults safeguarding.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff at both sites 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.
- Patients with a learning disability were offered an annual health review.
- 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.
- The practice was registered with the Wakefield Safer Places Scheme. This aimed to assist vulnerable people with their day to day out of home living.
- The practice serviced the health needs of a local home for vulnerable teenagers and three sheltered housing developments.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The practice had planned and proactively carried out dementia screening to identify at risk patients who may have a cognitive impairment. It had identified 794 at risk patients from the patient list and invited them in for screening, of these patients 285 had accepted and had screening carried out. Of these patients 29 were identified as having a cognitive impairment and were offered support including access to a memory clinic, an additional eight patients had been identified through opportunistic screening.
- A counsellor held weekly sessions at the practice which offered Improving Access to Psychological Therapies (IAPT) and these were accessed by referral from a GP (IAPT offers a particular type of counselling, recommended by NICE, that has been developed to help people suffering from depression).
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia, and the majority of staff had received additional dementia friendly training. The practice had also made a successful bid to the Dementia Innovation Fund to improve surgery facilities for dementia patients and their families, and held a dementia awareness open day in September 2015 with partners to increase understanding of the condition within the community.

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 at or above local and national averages. A total of 245 survey forms were distributed and 129 were returned giving a response rate of 53%. This represented 1.5% of the practice's patient list.

For example:

- 73% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 76%.
- 91% described the overall experience of their GP surgery as fairly good or very good compared to a national average of 85%.

- 91% said they would 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 20 comment cards which were all positive about the standard of care received. Many patients commented that they had been treated with dignity and respect and were involved in discussions about their treatment.

We spoke with three patients during the inspection and three members of the Patient Participation Group. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring.

College Lane Surgery

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 College Lane Surgery

College Lane Surgery is located on Barnsley Road, Ackworth, Pontefract, the practice also operates the Thorpe Lane branch surgery which is located on Thorpe Lane in nearby Thorpe Audlin. Both main and branch surgeries currently provide services for around 9,100 patients. The main surgery in Ackworth is situated in a purpose built unit and is of modern design with parking available on site. The main surgery building can be accessed by those with a disability via a ramp and doorways are wide enough to accommodate disability scooters and pushchairs. The branch surgery in Thorpe Audlin is located in a small purpose built unit and it is also accessible to 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 above the England average for those over 65 years old (21% of the practice population is aged over 65 as compared to a CCG average of 18% and an England average of 17%), additionally 54% 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 81 years for males and 85 years for females (CCG average is 77 years and 81

years respectively and the England average is 79 years and 83 years respectively). In general older people and those with a long standing health issue tend to have a greater need for health services.

The practice provides services under the terms of the Personal Medical Services (PMS) contract. At the time of inspection the practice was in the process of registering with the CQC to provide surgical procedures as this service was being offered to patients without the necessary registration process having been completed. 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
- Extended hours
- Learning disability support
- Minor surgery
- Patient participation
- Unplanned admissions

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

- Chronic illness management including asthma, angina and diabetes.
- A practice nurse run parent/carer-free clinic for which an appointment is not necessary.
- Travel vaccination services.
- Non-NHS services including medicals for pre-employment, sports and driving requirements, insurance claim forms and private sick notes.

Detailed findings

- Community midwives hold weekly clinics in the surgery, and patients can access and receive support from district nurses, physiotherapists, podiatrists and health trainers.

The Thorpe Audlin branch surgery offers a more limited range of services which necessitates patients traveling to the main practice to receive some treatments and services such as minor surgery.

The practice has four GP partners (two male, two female), three salaried GPs (male), there is also currently one GP Registrar and one Foundation Year 2 Doctor gaining training and experience within the practice. In addition there is a nursing team of one nurse prescriber (female), one practice nurse (female) and two health care assistants (both female). Clinical staff are supported by a practice manager and an administration/reception team.

The practice has an active role in the training and development of health professionals, activities carried out by the practice include:

- Acting as an approved training practice for GP Registrars, two of the practice GPs are approved GP Trainers.
- Coordinating undergraduate nursing student placements for surgeries in the Wakefield area as the Wakefield Primary Care First HUB.
- Coordinating the Apprentice Health Care Assistants scheme in partnership with Barnsley College.

The practice offers a range of appointments, these include:

- Pre-bookable appointments with a GP or nurse.
- Telephone appointments.
- On the day appointments released daily at 8am and urgent on the day appointments as required.

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

The main College Lane Surgery is open Monday to Friday 8am to 6.30pm. An early surgery is available alternate Tuesdays 7am to 8am and a morning surgery also operates on alternate Saturdays 8am to 11.30am.

The branch surgery at Thorpe Audlin is open 9am to 11am on a Tuesday and a Friday.

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 16 February 2016. During our visit we:

- Spoke with a range of staff including GP partners, salaried GPs, members of the nursing team, the practice manager and members of the reception and administration team. We also spoke with patients and members of the Patient Participation Group.
- Observed how staff interacted with patients in the reception area
- 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:

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

- 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

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, the practice had identified an issue where a patient was not checked for contraindications for medication which was prescribed for them. No harm was caused to the patient however in response to this the practice reviewed its coding systems and introduced a new policy to prevent recurrence.

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.

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 at both sites. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding Level Three.
- Notices in the waiting room and in consultation 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 told us that the clinician noted on the patient record when a chaperone had attended with a patient.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG Medicines Optimisation Team. Prescribing was in line with best practice guidelines for safe prescribing. 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 (a patient group direction (PGD) is a written instruction for the supply or administration of a licensed medicine (or medicines) in an identified clinical situation).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the

Are services safe?

main reception office and the branch surgery office which identified local health and safety representatives. The practice had up to date fire risk assessments and had carried out regular fire drills in the main surgery. 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 other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and should it be required the practice had access to regular locums and other agency staff.

Arrangements to deal with emergencies and major incidents

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

- There was an alert button on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms of the main surgery and branch.
- The practice had defibrillators available on both premises and oxygen with adult and children's masks. First aid kits and accident books were available.
- Emergency medicines were easily accessible to staff in secure areas of the main surgery and branch and all staff knew of their locations. 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 and was available on the practice intranet and in hard copy.

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.
- 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 showed the practice had achieved 100% of the total number of points available, with 8.7% exception reporting which was in line with local and slightly lower than national averages. (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 and showed above average attainment. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients on the diabetes register recorded having had a foot examination in the preceding 12 months was 94% as compared to the national figure of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. For example the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 90% compared to the national figure of 84%.

- Performance for mental health related indicators was better than the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 100% as compared to the national average of 89%.

Clinical audits demonstrated quality improvement.

- The practice had a programme of clinical audits and seven had been completed in the last two years, three of these were completed two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, NICE guidelines indicated that proton pump inhibitors (PPIs) should routinely be co-prescribed to patients over 45 years old who are also taking Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). The practice carried out two full cycle audits which identified that a number of patients were not being co-prescribed PPIs with NSAIDs. As a result it put in place a number of actions including increasing clinician awareness and implementing medication reviews and had seen a reduction in the number of patients on NSAIDs but with no PPI being co-prescribed.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example the practice had worked closely with both Leeds University and NHS England with regard to the ASPIRE learning, research and innovation programme which examined the management of atrial fibrillation and anticoagulation.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, three GPs had received postgraduate certificates and diplomas in palliative care. Staff administering vaccinations and taking samples for the

Are services effective?

(for example, treatment is effective)

cervical screening programme had received specific training which had included an assessment of competence and supervision. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.

- 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 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. As well as formal meetings clinical staff met weekly on a more informal basis to increase their knowledge via the discussion and peer review of interesting cases that they had encountered that week. Staff told us this was a valuable way to share information via the experiences of others.
- 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.
- The practice had participated as a pilot practice for the Connecting Care programme for the past two years. The programme sought to provide patients with wraparound, integrated health and care support with detailed care planning to enable them to live at home and reduce unnecessary admissions for primary and secondary care services. The practice held monthly multi-disciplinary team meetings and activities included

reviewing discharges, cross referral between services to meet patient needs, the development of advanced care plans and signposting to other service providers. This service was mainstreamed across the Wakefield locality as part of the wider Wakefield Vanguard programme. The practice at the time of inspection had 45 patients registered to receive this advanced care planning.

- The practice delivered an avoiding unplanned admissions service as a Direct Enhanced 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 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. Patients and carers were given a dedicated practice telephone number to contact if their condition worsened. This service was provided to 2% of the practice population over 18 years of age and 176 patients were on the register for the service as the time of inspection. The successful impact of the work done by the practice to reduce inappropriate or unnecessary use of A&E service is shown in the numbers of patients attending A&E. For this practice the A&E attendances per 1,000 patient population April to December 2015 were 234 compared to a CCG average of 275.
- The practice also reviewed patients who had presented Accident and Emergency (A&E) to establish the appropriateness of the attendance, and where an attendance had been deemed inappropriate the patient was contacted to discuss their reason for attending A&E and offered support or advice on how they might deal with any future care. On receipt of a discharge letter all patients were offered either a face to face review, home visit (if required) or a telephone review with a GP.

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.

Are services effective?

(for example, treatment is effective)

- 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. Clinicians had received awareness training with regard to the Mental Capacity Act. Reception staff had not received any awareness training in this area and we raised this with the practice who agreed to review this.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol consumption. Patients were then either offered support or treatment at the practice or signposted to relevant service elsewhere. QOF figures showed that 92% of patients aged 15 or over who are recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months compared to CCG average of 85% and national average of 87%.
- The practice carried out dementia screening. It had identified 794 at risk patients from the patient list and invited them in for screening, of these patients 285 had accepted and had screening carried out. Of these patients 29 were identified as having a cognitive impairment and were offered support including access to a memory clinic, an additional eight patients had been identified through opportunistic screening. This service supported effective early diagnosis across a large population base.
- The practice had set up a self health check area in the main waiting area. This was equipped with a blood

pressure monitor and a weighing machine which offered weight and Body Mass Index readings. As well as the equipment the area also had health and wellbeing information and information for patients as to how to interpret the readings from the equipment and who to contact should this highlight a concern.

- The practice worked closely with the health trainer service. It acted as host to regular weekly sessions with the health trainer who interacted with around 25 patients.

The practice's uptake for the cervical screening programme was 94%, which was better than 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 screening, and the practice showed that 66% of patients aged 60 to 69 years had been screened for bowel cancer within the last 30 months compared to a CCG average of 58% and an England average of 58%.

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

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for 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.

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

The practice recognised the needs of vulnerable members of their community and was accredited under the Dementia Friends initiative and participated in the Wakefield Safer Places Scheme (Safer Places is a voluntary scheme that aims to assist vulnerable people with learning disabilities, autism and dementia to feel safer when travelling independently).

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice generally offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, and that they had a very constructive relationship with the practice management team. Comment cards highlighted that staff had 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:

- 91% said the GP was good at listening to them compared to the national average of 89%.

- 91% said the GP gave them enough time compared to the national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% said they found the receptionists at the practice helpful compared to the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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:

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

When the practice became aware that a patient was being discharged from hospital it made contact with the patient or their carer and offered them the opportunity for an appointment or a home visit when their needs could be reviewed.

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

Are services caring?

palliative care meetings. The practice was able to demonstrate how it routinely reviewed its actions. For example, between November 2014 and January 2015 a review of eleven deaths of those on the palliative care register showed that ten had died in their preferred place of death.

Staff told us that interpreter services were available for patients who did not have English as a first language. For people with hearing impairment a hearing loop was available in the main practice building.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting rooms told patients how to access a number of support groups and organisations. For example, the main surgery noticeboard included details of carers organisations and support groups for those experiencing poor mental health.

The practice's computer system alerted GPs if a patient was also a carer and allowed staff to initiate conversations to identify ways to better support the needs of the carer. The practice had 105 patients on their carers register (around 1% of the practice population). The practice held a carers support group meeting every month where a range of activities were programmed which included walks, talks and outings. In addition written information was available to direct carers to the various avenues of support available to them, this included an in-house developed carers pack.

The practice had a bereavement protocol in place and had information available to patients who had experienced a bereavement and could signpost onto voluntary support organisations should this be 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered an early GP led surgery which was available alternate Tuesdays 7am to 8am and a morning surgery which operated on alternate Saturdays 8am to 11.30am.
- There were longer appointments available for patients with a learning disability or the frail elderly.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities including an access ramp into the main surgery and a lift was available to the first floor should this be required. Additionally a hearing loop had been installed in the main surgery and interpretation services available for those who required language support.
- The practice had established a weekly teenage health clinic. This offered a confidential, parent/carer free service and was held in a separate area away from other patients. In the past 12 months 65 young people attended these clinics for health advice and treatment. The practice had in place processes with regard to ensuring safeguarding controls and Fraser and Gillick competences were met.
- The practice had recognised the needs of specific sections its patient population and had been awarded dementia friendly status. Staff were aware of the needs of this group of people and organisational and physical adjustments and improvements had been put in place. For example longer appointments were available and signage and toilet facilities had been designed and installed with the needs of dementia patients in mind.
- There was a proactive approach to seeking feedback and the practice was able to show us evidence of

satisfaction surveys that had been conducted in relation to diabetes and prostate cancer. Feedback was used by the practice to identify possible improvements to the services concerned.

- The practice hosted an over 55s audiology service which was based in the main surgery, this allowed testing and the fitting of a hearing aid in one appointment.
- The practice participated in the C-Card scheme which gave access to contraceptives to young people.
- A counsellor held weekly sessions at the practice which offered Improving Access to Psychological Therapies (IAPT) and these were accessed by referral from a GP (IAPT offers a particular type of counselling, recommended by NICE, that has been developed to help people suffering from depression).
- The practice offered prostate cancer management and follow-up service which was in line with the Shared Care guidelines. The service was operated by a GP and lead practice nurse within the surgery and offered hormonal injections as well as care planning and recalls and reviews. In the preceding 12 months the practice had administered 74 therapy injections and had a current register of 24 patients. Satisfaction with the service amongst patients was high with all patients rating the care as either good or excellent in a survey carried out in 2015.

Access to the service

The main College Lane Surgery was open Monday to Friday 8am to 6.30pm and the branch surgery at Thorpe Audlin was open 9am to 11am on Tuesday and Friday. At the main surgery an early surgery was available alternate Tuesdays 7am to 8am and a morning surgery also operated on alternate Saturdays 8am to 11.30am.

In addition to pre-bookable appointments urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

Are services responsive to people's needs?

(for example, to feedback?)

- 73% of patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 79% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the national average of 76%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, this included literature and posters which were displayed in the waiting areas.

We looked at 13 complaints recorded on the complaints log over the last 12 months and found that these had been dealt with in a timely, open and transparent manner. Complaints and potential learning points were discussed at team meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a statement of purpose which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The management team were aware of challenges faced by the practice, these included meeting the needs of an ageing population and succession and workforce planning. As well as identifying these challenges the practice actively worked to tackle these respectively via the development of specialised services and clinics and through staff career progression and training.

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 via the practice intranet
- 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 robust 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. One of the partners chaired the locality network and the practice manager acted as a practice manager representative to the CCG.

They prioritised 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 provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

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. Staff when interviewed said that they enjoyed working at the practice.
- The practice had a strong culture with regard to training and development and acted as a training practice for GP Registrars, coordinated undergraduate nursing student placements for surgeries in the Wakefield area as the Wakefield Primary Care First HUB and organised the Apprentice Health Care Assistants scheme in partnership with Barnsley College.

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

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

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a vibrant and well organised PPG which met every two months and had around 20 active members and 140 virtual members. Although the PPG had only recently formed it had supported the practice with regard to Dementia Awareness Day and given feedback to the practice with regard to appointment booking which resulted in an extra telephone line being made available.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice participated in the Connecting Care integrated care programme and had developed other local approaches which included a teenage health clinic and a diabetic speciality clinic. In addition the practice had a strong ethos of training, mentoring and staff development for GPs, nursing staff and reception and administration team members.