

Dr S P Singh and Partners

Quality Report

Church View Health Centre
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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?

Requires improvement



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 Dr S P Singh and Partners on 5 April 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The practice employed a community matron whose aim was to ensure that the needs of elderly, housebound and nursing home patients were met. The work of the matron reduced the number of the elderly and/or vulnerable patients requiring secondary or step-up care. As a result of the work of the community matron the practice had made a small but significant reduction in the demands that would have been placed on A&E and secondary care. During 2015/2016 295 housebound and nursing home patients with chronic conditions were treated and reviewed by the community matron. Of these patients 131 suffered from chronic respiratory disease and needed repeat reviews and follow up visits after discharge.

The areas where the provider should make improvement are:

Summary of findings

- The practice needed to ensure that all staff were up to date with respect to their immunity and vaccination status and that this was recorded.
- The practice needed to ensure that all Patient Group Directions were in date.
- The practice needed to ensure that all vaccines stored on the premises were within date and to have system in place to assure effective stock rotation.

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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice was not aware that several Patient Group Directions had expired and were no longer valid.
- Not all vaccines stored on the premises were in-date.
- The practice records with regard to immunity status did not indicate that all appropriate staff were immunised for conditions such as measles, mumps, rubella and chickenpox.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Specialist services in relation to diabetic services and those in relation to community services showed demonstrable improvements in the level of care offered to patients.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The lead GP often made weekend home visits in his own time to give support to those near the end of life or those who were particularly vulnerable.

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 in order to ensure that the services and treatment available at the practice were addressing the needs identified and were accessible to patients. For example:
 - The practice offered extended hours sessions at Church View Health Centre on Tuesdays from 6.40pm to 8.50pm and at Southmoor Surgery on Wednesdays 6.40pm to 8.50pm.
 - Antenatal and postnatal maternity services were delivered in conjunction with community midwives.
 - Healthy lifestyle advice sessions were available to patients.
 - The practice had developed specialised posts which included a community matron and specialist diabetic nurses to support community care for vulnerable patients, nursing home residents, and diabetic patients.
- The practice had developed a monthly patient newsletter and had recently begun to develop a social media presence. This allowed more effective communication with patients on important health issues such as vaccinations and changes within the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, we did identify some areas of improvement which were required in the management and oversight of vaccinations and immunisations.
- 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 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.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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 employed a community matron who was dedicated to meeting the needs of housebound and nursing home patients. Duties included the development and review of care plans, medication reviews, family and carer liaison and integrated working with external partners including district nurses and members of the Connecting Care Wakefield Vanguard integrated care programme (this integrated care programme is aimed at ensuring that health and social care services work together so that patients needs are met in a timely and coordinated way). During 2015/2016, 295 housebound and nursing home patients with chronic conditions were reviewed and treated by the community matron, this service could reduce the need to attend secondary or step up care.
- The practice was responsive to the needs of older people, and offered longer appointments, urgent appointments and home visits when required.
- All staff received regular safeguarding training to assist them to identify and action concerns related to vulnerable older patients.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. Once a patient was identified the practice carried out advanced care planning and regular patient reviews, which involved multi-disciplinary working across health and social care providers.

Summary of findings

- Performance for diabetes related indicators was comparable to or better than the national average. For example, 93% of patients on the diabetes register had a record of a foot examination being carried out in the preceding 12 months compared to a national average of 88%.
- All patients with a long term condition were offered reviews every six to twelve months. This gave patients the opportunity to become actively involved in decisions around their own care.
- The practice had an effective recall and review process. For example, patients with comorbidities were given extended appointments and if blood tests or other tests were required these were arranged ahead of the review, so results were available to discuss during the consultation appointment.

Families, children and young people

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

- The practice worked closely with health visitors who were co-located at the main Church View Surgery. 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. Immunisation rates were relatively high for all standard childhood immunisations.
- All staff received regular safeguarding training to assist them to identify and action concerns related to vulnerable children and young people.
- We were told that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 77%, as compared to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments for babies and young people were available on the same day and appointments were available outside of school hours.
- Both the main surgery and the Southmoor branch surgery were suitable for babies and children.

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 extended hours sessions at Church View on Tuesdays and Southmoor on Wednesdays between 6.40pm and 8.50pm. Early morning appointments were also available from 8.10am at Church View.
- The practice was proactive in offering online services and telephone consultations as well as a full range of health promotion and screening that reflected the needs for this age group.
- To improve communication with this population group the practice had recently developed a social media presence and used this to raise subjects such as vaccination information and upcoming health campaigns.

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 including those with a learning disability, those with mental health problems, patients with dementia, carers and the frail elderly.
- The practice offered longer appointments for patients with a learning disability or an identified need.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Annual health checks were offered to this population group.
- The practice had made structural changes and installed equipment to the practice locations to make them suitable for the needs of those patients with a disability, for example door frames were painted in contrasting colours to assist the visually impaired and hearing loops had been installed to assist those with a hearing impairment.
- The practice was a registered “safe place” under the Wakefield Safer Places Scheme, which offers people who are vulnerable a safe place to attend when they feel vulnerable or in need of support when away from their home environment.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was able to provide food vouchers for patients in financial difficulties or the homeless.

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).

- 86% of patients diagnosed with dementia had attended/ received a face to face review meeting in the last 12 months, which was comparable to the national average of 84%.
- 83% of patients with schizophrenia, bipolar affective disorder or other psychoses had a comprehensive agreed care plan documented 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 patients experiencing poor mental health, including those with dementia.
- The practice carried out 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.
- The practice hosted twice weekly counselling sessions with a local provider for patients with low level mental health issues.
- Staff had a good understanding of how to support patients with mental health needs and dementia. For example, around 90% of staff had received dementia awareness training and one member of the PPG was a dementia champion and offered training to practices within the local GP network. Adaptations had been made to make the practice locations more suitable for those with dementia. This included improvements to signage, fitting handrails to corridors and providing extra seating.

Good



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 generally performing in line with local and national averages. Of 311 survey forms that were distributed and 112 had been returned, a response rate of 36%. This represented just over 1% of the practice's patient list.

- 78% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 52% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

In relation to the low patient satisfaction score in the ability to secure an appointment. The practice was aware of the shortage of appointments (caused by an inability to recruit clinical staff to replace GPs and an advanced

nurse practitioner who left in 2015). As an interim solution the practice had employed long term locums to increase capacity. Since this time the practice had been able to recruit additional clinical staff to make up this shortfall in capacity. A practice patient survey which took place in 2015/2016 and was returned by 130 patients showed that 72% were able to see a doctor on the same day or within the next two weekdays.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards of which the majority were positive about the standard of care received. Many of the cards mentioned how obliging and helpful staff were and how clean the practice was.

We spoke with four patients who were also members of the patient participation group during the inspection. All the patients said they were satisfied with the care they received and thought staff were approachable, friendly, helpful and caring. The results of the most recent NHS Friends and Family Test (January 2016) showed that 88% of respondents said they would be extremely likely or likely to recommend the practice to friends and family if they needed care or treatment.

Dr S P Singh and Partners

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 and a practice nurse specialist adviser.

Background to Dr S P Singh and Partners

The practice of Dr S P Singh and Partners consists of two surgeries, a main surgery at Church View Health Centre, Langthwaite Road, South Kirkby, Pontefract and a branch at Southmoor Surgery, Southmoor Road, Hemsworth, Pontefract. At the time of inspection the practice had over 9,600 patients and had added around 600 patients to their list since 2013.

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

The main surgery Church View Health Centre is located on the first floor of a large purpose designed building which it shares with another GP practice and a number of other health and care providers. The building is accessible for those with a disability and a lift is provided to assist patients to access the surgery. The surgery has on-site parking available for patients.

The branch, Southmoor Surgery is located in an older purpose built building and has recently been refurbished. The surgery is accessible for those with a disability and parking is available for patients on the site.

The practice serves a post industrial area linked predominantly to mining and the woollen mill industry and as a result the practice has a high prevalence of long term

conditions with 63% of patients reporting that they had a long standing health condition compared to the CCG average of 58% and the England average of 54%. The population age profile shows that it is comparable to the CCG and England averages for those over 65 years old (18% compared to the CCG average of 17% and England average of 17%). Average life expectancy for the practice population is 76 years for males and 80 years for females (CCG average is 77 years and 81 years respectively and the England average is 79 years and 83 years respectively). The practice serves some areas of higher than average deprivation being ranked in the second most deprived decile. The practice population is predominantly White British.

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

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

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including asthma, chronic obstructive pulmonary disease, diabetes, heart disease and hypertension and smoking cessation.

Detailed findings

Attached to the practice or closely working with the practice is a team of community health professionals that includes health visitors, midwives, members of the district nursing team and health trainers. The practice also hosts other services such as audiology, ultrasound and substance misuse services.

The practice has three GP partners (two male, one female) and one salaried GP (male). In addition there are two advanced nurse practitioners, one community matron, one senior practice nurse, three practice nurses and two healthcare assistants (all female). Clinical staff are supported by a practice manager, deputy practice manager, and an administration and reception team.

The practice appointments include:

- Pre-bookable appointments
- On the day/urgent appointments
- Telephone consultations and a triage clinic, where patients could speak to a GP or advanced nurse practitioner to ask advice and if identified obtain an urgent appointment.

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

Opening times for the two practice surgeries differ slightly.

Church View Health Centre

Monday to Friday 8am to 6.30pm with extended hours sessions on Tuesdays 6.40 to 8.50pm.

Southmoor Surgery

Monday to Friday 8.30am to 6pm with extended hours sessions on Wednesdays 6.40 to 8.50pm.

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit to the main surgery and branch surgery on 5 April 2016. During our visit we:

- Spoke with a range of staff, which included GP partners, nursing staff, the practice manager and members of the administration team.
- Spoke with patients who were all extremely positive about the practice and the care they received.
- Reviewed comment cards where patients and members of the public shared their views. All comments received were positive about the staff and the service they received.
- Observed in the reception area how patients were treated.
- Spoke with members of the patient participation group, who informed us how well the practice engaged with them.
- Looked at templates and information the practice used to deliver patient care and treatment plans.
- Spoke with NHS Wakefield Clinical Commissioning Group.

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

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

Detailed findings

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 of any incidents and there was a recording form available on the practice computer system.
- The practice carried out a thorough analysis of the significant events.
- There was an open and transparent approach to safety.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had identified a serious problem when a vaccine refrigerator had been accidentally unplugged, and consequently the vaccines contained within had exceeded their permitted storage temperatures. The practice had taken immediate steps to rectify the issue by reconnecting the refrigerator, discarding the vaccines, ordering new vaccines and placing large stickers on the refrigerator plugs to remind staff and contractors not to unplug. The practice had also informed NHS England of the incident.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP attended monthly safeguarding meetings with health visitors. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a

medical professional as a safeguard for both parties during a medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. An advanced nurse practitioner was the infection prevention and control (IPC) clinical lead and also led on vaccine management and some aspects of medicines management. There was an infection prevention and 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. Both the main surgery and the branch surgery had attained high levels of compliance (100% and 98% respectively) in a recent IPC audit. The practice carried out a monthly audit of cleaning standards achieved by the building cleaning contractors.
- The practice had some arrangements for managing medicines, including emergency medicines and vaccines. However during the inspection it was noted that one pack of vaccine in the branch surgery was five weeks outside of its permitted storage and use date. This pack was unopened and had not been used.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice was aware that it was a high prescriber for antibiotics and hypnotic drugs and had developed plans to reduce this.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Advanced nurse practitioners worked in the practice and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role.
- Patient Group Directions (PGDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a

Are services safe?

doctor's written prescription) had been adopted by the practice to allow nurses to administer medicines in line with legislation. When we checked the current list of PGDs it was discovered that thirteen of these had recently date expired and were no longer valid. The practice was unaware at this time that these had expired. Of these thirteen PGDs six had been reissued by NHS England and seven were still awaiting reissue by NHS England.

- Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with appropriate professional body and checks through the Disclosure and Barring Service. However the practice needed to review and update its records in relation to the immunity and vaccination status of its staff to ensure that these were up to date in relation to conditions such as measles, mumps, rubella and chickenpox.

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 and risk assessment available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health, infection control and legionella (legionella is a bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty, and if required the practice called on regular locums to meet any identified capacity needs.

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 defibrillators and oxygen with adult and children's masks available at both sites and checks on emergency equipment were carried out on a fortnightly basis. First aid kit and accident books were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Alerts and guidance updates were received by the lead GP and practice manager and cascaded on to other members of the practice to implement and action via the practice computer system, additionally hard copies were also available. These were also discussed at the regular weekly clinical meetings.

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 were 98% of the total number of points available had been achieved, with an overall clinical exception reporting of 8% which was comparable to the local CCG average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was comparable to or better than the national average. For example, 93% of patients on the diabetes register had a record of a foot examination being carried out in the preceding 12 months compared to a national average of 88%.
- Performance for mental health related indicators was generally comparable to the national average. For example, 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months compared to the national average of

84%, and 83% of patients with schizophrenia, bipolar affective disorder or other psychoses had a comprehensive agreed care plan documented in the record in the preceding 12 months compared to a national average of 88%.

The practice employed a community matron who was dedicated to meeting the needs of elderly housebound and nursing home patients. Duties included the development and review of care plans, medication reviews, family and carer liaison and integrated working with external partners including district nurses and members of the Connecting Care Wakefield Vanguard integrated care programme. During 2015/2016 295 housebound and nursing home patients with chronic conditions were treated and reviewed by the community matron. Of these patients 131 suffered from chronic respiratory disease and needed repeat reviews and follow up visits after discharge. Since April 2015 the practice gave us evidence which showed that there had been a small reduction in accident and emergency admissions for these cohorts of patients from 16 (April to June 2015) to 9 (January to March 2016).

The practice also provided enhanced diabetic care, within the practice one GP had a special interest in diabetes and two staff members were able to deliver specialist diabetic services to patients which included reviewing patients with complex needs and offering insulin initiation. The appointment of specialist staff had increased diabetic appointment capacity by 22% and in 2015/2016 led to:

- An increase in screening of patients who were at high risk diabetes - 132 additional patients had been identified as being at high risk
- Of the 502 patients in total on the high risk of diabetes register 83% had had their blood sugar levels monitored and offered lifestyle advice in the previous year
- A 4% reduction in patients with a HbA1c of <75mmol/mml (HbA1c measures the amount of glucose that is being carried by the red blood cells in the body).
- A 7% increase in foot examinations

There was evidence of quality improvement including clinical audit.

- There had been 15 audits completed in the last two years, eight of these were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, an audit of Hydroxyzine (a drug used to treat anxiety disorders and allergic conditions, especially those that involve the skin) prescribing led to a change in prescribing and reviews being carried out on patients as per guidance. Re audit showed that no patients were prescribed Hydroxyzine.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had also developed an induction and advice pack for locums.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, one member of staff had received enhanced training in relation to learning disabilities.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- All GPs were up to date with their revalidation and appraisals.
- Key messages were disseminated to staff via a weekly staff newsletter.

- The main surgery was co-located with another practice. This has led to some cooperative working which has included shared training events for staff.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way,

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had joined the Wakefield Vanguard Connecting Care programme. As part of which the practice provided care for nursing home patients and those at high risk of hospital admission. During visits to such patients health needs were met and care plans were reviewed. Meetings took place with other health and care professionals on a monthly basis when health and social care professional met to discuss and plan for the care of complex patients.

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.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support and signposted those to relevant services if these could not be delivered by the practice. These included patients:

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

For example the practice hosted twice weekly counselling sessions, delivered by a local provider, for patients with minor mental health issues.

The practice's uptake for the cervical screening programme was 77%, as compared to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening

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

We were told that the practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 99% and five year olds from 90% to 97%.

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

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.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.
- The practice was dementia friendly with adaptations which included clear signage and colour contrasting doorframes and enhanced staff awareness with regard to meeting the needs of dementia patients.
- The practice was a registered "safe place" under the Wakefield Safer Places Scheme, which offers people who are vulnerable a safe place to attend when they feel vulnerable or in need of support when away from their home environment.

The majority of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

Are services caring?

- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- Hearing loops were available to assist patients who had a hearing impairment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting areas which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 60 patients as carers (which was around 1% of the practice list). Carers were offered annual health checks and flu immunisations. Written information was also available to direct carers to the various avenues of support available to them.

We were told that the lead GP often made weekend home visits in his own time to give support to those near the end of life or those who were particularly vulnerable.

Staff told us that if families had suffered bereavement, that a member of the practice would contact them or visit them. If required or requested this contact was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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.

- Patients were able to book appointments and organise repeat prescriptions online.
- There were longer appointments available for patients with a learning disability and for those with other specific needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately
- There were disabled facilities, a hearing loop and translation and interpretation services available.
- The practice had recognised the specific needs of its patient population and had:
 - Developed a community matron post whose role was dedicated to meeting the needs of elderly, often housebound, and nursing home patients. Duties included the development and review of care plans, medication reviews, family and carer liaison and integrated working with external partners including district nurses and members of the Connecting Care Wakefield Vanguard integrated care programme.
 - Delivered a high level diabetic service which utilised two members of the nursing staff who were diabetic nurse specialists. Additionally one of the GP partners had a special interest in diabetes. The service offered some secondary care treatments such as insulin injection in the practice setting.
 - The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. Once a patient was identified the practice carried out advanced care planning and regular patient reviews,

which involved multi-disciplinary working across health and social care providers. At the time of inspection the practice had over 180 patients on its unplanned admissions register.

- The practice offered a range of clinics which included:
 - Antenatal and postnatal maternity services in conjunction with community midwives.
 - Minor surgery/cryosurgery.
 - Healthy lifestyle advice sessions.
- The practice had developed a monthly patient newsletter and had recently begun to develop a social media presence. This allowed more effective communication with patients on important health issues such as vaccinations and changes within the practice.

Access to the service

The Church View Health Centre was open Monday to Friday 8am to 6.30pm and Southmoor Surgery was open Monday to Friday 8.30am to 6pm. The practice offered extended hours sessions at Church View Health Centre on Tuesdays 6.40pm to 8.50pm and at Southmoor Surgery on Wednesdays 6.40pm to 8.50pm. Both extended hours sessions were for pre-bookable appointments. Extended hours sessions were particularly beneficial to working patients who could not attend during normal opening hours.

In addition to pre-bookable appointments on the day/urgent appointments were also available for people that needed them. Patients could also access telephone consultations and a triage clinic, where patients could speak to a GP or advanced nurse practitioner to ask advice and if required obtain an urgent appointment.

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.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 78% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system, for example posters were displayed in waiting rooms and further information regarding complaints was available on the practice website.

We looked at 24 complaints received in the last 12 months and saw that these were satisfactorily handled, and dealt with in an open and timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice had received a complaint regarding a lack of confidentiality and privacy at the main reception, this was investigated, remedial action was instituted and an apology was given to the complainant.

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 mission statement, and staff knew and understood the values it contained.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had a positive view with regard to staff development and training. For example, the practice had developed apprentice posts within the administration and reception team.

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. However, the practice needed to review and improve its oversight and management of vaccinations and immunisations as during the inspection it was found that thirteen Patient Group Directions (PGDs) had expired and one stored vaccine was past its date of use. When informed of these issues the practice reacted positively and took immediate steps which included informing the local CCG of the out of date PGDs, and reinforcing key messages to staff in relation to stock checking and control.
- Practice specific policies were implemented and were available to all staff on the practice computer system.
- A comprehensive understanding of the performance of the practice was maintained and the practice was aware of areas in need of attention. For example, the practice had recognised high prescribing levels for antibiotics and hypnotic drugs and had put in place actions to reduce these levels.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

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

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was established in 2011 and met on a six weekly basis. The PPG told us that they worked closely with the practice and felt valued for the work they did. PPG activities included input into and analysis of surveys, supporting dementia awareness and being involved in the Church View Health Centre rebuild in 2013.
- The practice had gathered feedback from staff through team 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 focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had:

- Developed a community matron post whose role was dedicated to meeting the needs of elderly, often housebound, and nursing home patients. Duties included the development and review of care plans, medication reviews, family and carer liaison and integrated working with external partners including district nurses and members of the Connecting Care Wakefield Vanguard integrated care programme.
- Developed a high level diabetic service which offered some secondary care treatments such as insulin injection in the practice setting.