King's Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at King's Medical Practice on 9 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.
- 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 found it easy to make an appointment with a GP or nurse 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 practice had the skill mix and staff available to meet the needs of patients.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw three areas of outstanding practice:

- The practice had a very effective and caring approach to palliative care. We saw evidence that they worked closely with patients, families and other health and care providers in relation to palliative care planning and end of life care planning.
- The practice offered pre-diabetes screening for patients. The programme involved patients being screened for long term blood sugar levels. Those at a pre-diabetes level were sent an information pack and offered support to discuss improvements and changes in lifestyle and diet. Patients were then

Summary of findings

recommended to have their blood sugar levels monitored on a 12 month basis to establish if they had moved from having pre-diabetic status to diabetic status.

- The practice had a very strong training and staff development culture. For example the practice was an advanced training centre and four clinical staff were accredited trainers. Staff were encouraged and supported to progress through career pathways. Additionally opportunities within the practice had been developed for apprenticeships and the practice had a number of apprentices on the staff structure.

There was one area where the provider should make improvement:

- The practice needed to develop a more effective system for monitoring patients who had been prescribed potentially toxic drugs. We noted four patients who had been prescribed an antirheumatic drug but had failed to have appropriate blood tests performed. Of these only one had evidence of subsequently being recalled for a test by the practice. Since the inspection we have been informed that all patients were followed up by the practice and appropriate tests had been carried out.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was 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.
- The practice shared information effectively in relation to patients using a safeguarding resource on the clinical computer record.This allowed access for a range of partners including GPs, child health and health visitors and supported integrated case working.
- Risks to patients were assessed and well managed.
- The practice needed to develop a more effective system for monitoring patients who had been prescribed potentially toxic drugs. We noted four patients who had been prescribed an antirheumatic drug but had failed to have appropriate blood tests performed. Of these only one had evidence of subsequently being recalled for a test by the practice. Since the inspection we have been informed that all patients were followed up by the practice and appropriate tests had been carried out.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed many patient outcomes were comparable to or above average for the locality and national averages.
- 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.

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- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. For example the practice held regular meetings with other health care professionals to discuss palliative care issues.
- The practice had identified local health needs and developed a number of health improvement and screening programmes to meet these, such work included weight management and pre-diabetes screening programmes.
- For over 20 years the practice has made weekly planned clinical visits to three large care homes to deliver treatment, carry out reviews and update care plans. We saw evidence that this approach had reduced unplanned hospital admissions and visits to the homes concerned.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients we spoke with and comments we received were all extremely positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice worked closely with patients, families and other health and care providers in relation to palliative care planning and end of life care planning.
- 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.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a GP or nurse and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

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

- The practice had a very strong training and development culture. For example, the practice was an advanced training centre and four clinical staff were accredited trainers and staff were encouraged and supported to progress through career pathways. Additionally opportunities within the practice had been developed for apprenticeships and the practice currently had a number of apprentices on the staff structure.
- 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, and individual staff members had been allocated defined roles in improving outcomes for patients.
- The provider was aware of and complied with the requirements of the Duty of Candour (being open and transparent with people who use the service, in relation to care and treatment provided). 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 and felt that the practice was very supportive in relation to their work.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided care for the majority of patients at three large care homes, two small care homes and one large supported care complex (many of these patients had multiple long term conditions and complex care needs). The practice delivered planned weekly clinical sessions at the three large care homes during which a named GP saw acutely ill patients, managed those patients with a chronic illness, undertook reviews, and developed end of life care plans and anticipatory care plans when required. We were told by staff from a care home that clinicians from the practice worked closely with them to improve treatment and care for residents. We saw evidence which indicated that care homes that received these sessions had lower accident and emergency attendances per resident and reduced calls for unplanned services when compared to similar providers who did not have structured clinical sessions.

People with long term conditions

Outstanding

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

- The practice had actively managed registers for patients with long term conditions. Patients with a long term condition had care plans in place and are called for review on a regular basis. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver multidisciplinary packages of care.
- The practice had extensive and effective services in place for palliative care. Within the practice two doctors had undertaken hospice modular posts as part of GP training and two doctors held post graduate qualifications in palliative care. The practice held Gold Standard Framework meetings every six to eight weeks when life limiting illnesses/end of life patient issues where discussed. These meetings were attended by GPs, district nurses and specialist palliative care nurses. Details with

regard to cases were kept on the patient record and notes sent to relevant practitioners who could not attend. The practice also used the Electronic Palliative Care Co-ordination System (EPaCCS); this provided a shared locality record for health and social care professionals which allowed rapid access across care boundaries to key information about an individual approaching the end of life, including their expressed preferences for care. Within the practice population 89% of patients receiving palliative care died at their preferred place of death.

- The practice offered pre-diabetes screening for patients. The programme involved patients being screened for long term blood sugar levels. Those at a pre-diabetes level, but not with actual diabetes, were sent an information pack and offered support to discuss improvements and changes in lifestyle and diet. Patients were then recommended to have their blood sugar levels monitored on a 12 month basis to establish if they had moved from having pre-diabetic status to diabetic status. A practice audit reported in 2016 that of 38 patients who had been identified as being pre-diabetic none had progressed to develop diabetes over a twelve month period and 60% of patients either maintained their blood sugar levels or improved it. In eight patients (21%) there was a significant improvement in their levels.
- The practice had appointed a lead practitioner for Coronary Obstructive Pulmonary Disease (COPD) and asthma and offered spirometry screening. The percentage of patients with COPD who had a review undertaken in the preceding 12 months was 96% compared to the national average of 89%.
- The practice offered a range of additional services which could improve health and quality of life for those with a long term condition, this included an effective weight management service. Between 2014 and 2015 this service was accessed by 106 patients who in this period lost a total of 442kg (individual patients losing between 1kg and 23kg).
- Atrial fibrillation screening was available within the practice.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were high for all standard childhood immunisations.

Summary of findings

- The practice had developed a comprehensive post-natal pack for parents which contained details of local healthcare services as well as information in relation to immunisations and common childhood conditions.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 years whose notes recorded cervical screening had been performed in the preceding five years was 80% and comparable to national figures.
- Appointments were available outside of school hours and the premises were suitable for children and babies, young children were also prioritised for same day appointments.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, ante-natal, post-natal and child health surveillance clinics.
- The practice participated in the c-card scheme. This was a card which was issued to patients aged 13 to 24 to allow them access to free contraception.
- The practice had been accredited by the Wakefield "Young Inspectors' programme", (which is operated by the Youth Association), and which seeks to improve services for children and young people. An audit carried out by young people as part of this programme highlighted the practice use of text reminders and the clarity of the practice website as being beneficial to children and young people and supported their improved access to healthcare.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended hours opening and telephone consultations.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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- The practice offered access to a range of additional services including weight management, alcohol and substance misuse support, health trainer support, books on prescription and in-surgery physiotherapy.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including the frail elderly, those with long term conditions and life limiting illnesses and those with a learning disability.
- The practice offered longer appointments for vulnerable patients, for example the elderly or those with a learning disability.
- 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 these included details of local carers support.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice delivered annual health checks for those with a learning disability.
- The practice had developed a care co-ordinator role to support vulnerable patients who were at a higher risk of hospital admission or accident and emergency attendance.

People experiencing poor mental health (including people with dementia)

Good

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

- 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive and agreed care plan documented was 94% compared to the national average of 89%.

Summary of findings

- 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 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).
- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations. This included signposting patients to an online counselling support service for 11-25 year olds and an online community and peer support group for those with mental health concerns.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing generally above. A total of 364 survey forms were distributed and 123 were returned giving a response rate of 34%. This represented less than 1% of the practice's patient list.

- 94% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.
- 89% described the overall experience of their GP surgery as good compared to a CCG average of 85% and a national average of 85%.
- 86% said they would recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 79% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. In particular patients mentioned that practice staff actively listened to their health concerns and were caring and compassionate.

We spoke with three patients during the inspection and seven members of the Patient Participation Group (PPG). All patients said they were happy with the care they received and thought staff were approachable, committed and caring. These views aligned with the results of the national GP survey.

King's Medical Practice

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 King's Medical Practice

King's Medical Practice is located in Normanton and provides services for around 13,680 patients. The practice population has shown growth and is currently increasing by approximately 200 patients per year. The practice is based in a purpose built unit, which is of modern design with parking available on site and additional parking is available nearby. The practice building is accessible to those with a disability and is accessed via a low gradient ramp leading up to automatic doors. The building has a pharmacy adjacent and others are located nearby. The practice is a member of the NHS Wakefield Clinical Commissioning Group (CCG).

The practice population age profile shows that it is slightly below the England average for those over 65 years old (14% of the practice population is aged over 65 as compared to the England average of 17%). Data from Public Health England indicates 58% of the practice has a long standing health condition compared to 54% nationally. Average life expectancy for the practice population is 76 years for males and 80 years for females (England average is 79 years and 83 years respectively).

The practice provides services under the terms of the Personal Medical Services (PMS) contract and is registered with the Care Quality Commission (CQC) to provide the following services; treatment of disease, disorder or injury, diagnostic and screening procedures, family planning, surgical procedures and maternity and midwifery services. In addition to this the practice offers a range of enhanced local services including those in relation to; alcohol, childhood vaccination and immunisation, Influenza and Pneumococcal immunisation, Rotavirus and Shingles immunisation. The practice also offers, minor surgery, remote care monitoring, learning disability support, patient participation and extended hours.

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

The practice is an advanced training practice and is accredited to provide undergraduate and postgraduate multi-professional training placements.

The practice has four GP partners (one male, three female) and four salaried GPs (one male, three female) also at the time of inspection there were four GP trainees undergoing training. The practice also has an extensive nursing team comprising one advanced nurse practitioner (female), three practice nurses (female), two assistant practitioners (female), one student health care assistant/student nurse (female), a phlebotomist (female). A clinical pharmacist role is also being developed within the practice. Clinical staff are supported by a practice manager who is also a partner of the practice and an administration and reception team.

The practice offers a range of appointments, these include:

- Routine pre-bookable appointments up to six weeks in advance
- Urgent appointments/on the day appointments

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- Telephone appointments/consultations – the doctor contacts the patient at an agreed time and discusses the health concern. Test results are also available via a dedicated telephone line between 10am and 5pm Monday to Friday.

In addition the practice offers home visits to patients who are too ill to come into the surgery

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

The practice is open Monday to Friday 8am to 6.30pm. Early surgeries are available 7am to 8am on Thursdays for routine appointments and late surgeries operate 6.30pm to 8pm alternating Tuesdays and Thursdays. The practice is also open for routine appointments on Saturday morning 8am to 11am.

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 9 February 2016. During our visit we:

- Spoke with a range of staff on the day of inspection including GP partners, salaried GPs, members of the nursing team, the practice managing partner and members of the administration and reception team as well as members of the PPG and patients who used the service.
- Observed how staff interacted with patients
- Reviewed anonymised records and other documentation.
- 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?
- 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.

Good

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 managing partner 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 that a refrigerator had been accidentally left unplugged by an electrical contractor during routine electrical testing. This led to the vaccines stored within becoming unusable and required them to be disposed of. The issue was discussed within the practice and remedial actions put in place to prevent a recurrence.

When there were unintended or unexpected safety incidents, we were told 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. The policies and other documentation clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- The practice shared information effectively in relation to patients using a safeguarding resource on the clinical computer record .This allowed access for a range of partners including GPs, child health and health visitors and supported integrated case working.
- Notices in the waiting room and 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). We saw that the GP noted on the patient record that a chaperone had been used
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. An assistant practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice (An assistant practitioner is a health worker who has enhanced qualifications, skills and experience beyond that of the traditional health care assistant). 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, to ensure 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 and these had been correctly authorised.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Good

Are services safe?

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 comprehensive health and safety policy 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. It was however noted that as part of a recent routine five year inspection of the electrical system the contractor had highlighted that some remedial work was required, and that this was not cause of individual concern. The remedial work required was planned to be completed by 12 February 2016.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a 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 at any one time.
- The practice though needed to develop a more effective system for monitoring high risk drugs. We noted four patients who had not had appropriate blood tests performed. Of these only one had evidence of subsequently being recalled. Since the inspection we have been informed that all patients were followed up by the practice and appropriate tests had been carried out.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and although only adult pads were available staff had received training on how to use adult pads on children. Oxygen with adult and children's masks was 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 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 who knew how to access it.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date and used this information to deliver care and treatment that met peoples' needs for example NICE guidelines were circulated to staff via email and posted on the practice intranet.
- The practice monitored that these guidelines were followed through risk assessments, audits and sample checks of patient records.
- The practice worked closely with the CCG Medicines Optimisation Team and had achieved improvements in prescribing levels, for example antibiotic prescribing within the practice was low.

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, individual GPs were responsible for leading on specific areas of QOF. (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, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better when compared to the national average. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification having taken place in the preceding 12 months was 95% compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was better when compared to the national average with 87% of patients having received tests compared to 84% nationally.
- 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 and agreed care plan documented was 94% compared to the national average of 89%.

  Clinical audits demonstrated quality improvement.
- There had been six clinical audits completed in the last year, three of these were completed full cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit into Carbocisteine saw the introduction of an on screen pop-up to remind staff to review the dosage of patients using this drug (Carbocisteineis a medication that can beusedto help make mucus less sticky in respiratory tract problems such as bronchitis, chronic obstructive pulmonary disease or cystic fibrosis).

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, two GPs had undertaken a post graduate qualification in palliative care. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources 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 one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services, or sharing safeguarding information.
- Due to the characteristics of it's patient population the practice had the highest number of patients on its palliative care register compared to other practices in Wakefield CCG. The practice held Gold Standard Framework meetings every six to eight weeks when life limiting illnesses/end of life patient issues where discussed. These meetings were attended by GPs, district nurses and local palliative care nurses. Details with regard to cases were kept on the patient record and notes sent to relevant practitioners who could not attend. The practice also used the Electronic Palliative Care Co-ordination System (EPaCCS); this provided a shared locality record for health and social care professionals which allowed rapid access across care boundaries to key information about an individual approaching the end of life, including their expressed preferences for care. The impacts and outcomes from this extensive palliative care planning included:
  - 78% of patients on the palliative care register had an advanced care plan in place and/or had had a discussion with regard to resuscitation compared to a Wakefield CCG average of 39%.
  - In the quarter October – December 2015 32% of patients on the palliative care register had had their details passed on to the Out Of Hours provider compared to a Wakefield CCG average of 11%.
  - In the same quarter 89% of patients registered on EPaCCS died in their preferred place of death.

This data indicated that patients received an effective and responsive palliative care service which was attuned to meeting their specific needs.

Staff worked together and with other health and social care services including health visitors and district nurses to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

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, and clinical staff had received training in consent including the Mental Capacity Act 2005. We discussed with the practice that they should consider widening the training available with regard to consent to non-clinical staff
  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.

Supporting patients to live healthier lives

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

Good

Are services effective?

(for example, treatment is effective)

- 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 and reducing alcohol consumption.
- Where the practice did not offer a direct service such as for smoking cessation then patients were signposted to the relevant service.
- The practice offered pre-diabetes screening for patients. The programme involved patients being screened for long term blood sugar levels. Those at a pre-diabetes level, but not with actual diabetes, were sent an information pack and offered support to discuss improvements and changes in lifestyle and diet. Patients were then recommended to have their blood sugar levels monitored on a 12 month basis to establish if they had moved from having pre-diabetic status to diabetic status. A practice audit reported in 2016 that of 38 patients who had been identified as being pre-diabetic none had progressed to develop diabetes over a twelve month period and 60% of patients either maintained their blood sugar levels or improved it. In eight patients (21%) there was a significant improvement in their blood sugar levels.
- The practice delivered planned weekly clinical sessions at three large care homes during which a named GP saw acutely ill patients, managed those patients with a chronic illness, undertook reviews, and developed end of life care plans and anticipatory care plans when required. We were told by staff from a care home that clinicians from the practice worked closely with them to improve treatment and care for residents. We saw evidence provided by the practice which indicated that care homes that received these planned visits had generally lower accident and emergency attendances per resident and reduced calls for unplanned services when compared to similar local providers who did not have these planned clinical visits.
- The practice had developed a care co-ordinator role to support vulnerable patients who were at a higher risk of hospital admission or accident and emergency attendance. Identified patients are contacted by the care co-ordinator and offered a range of assistance options which included personal care planning, a direct line telephone number to contact for support, longer appointments/home visits and signposting to services such as aids and adaptation teams. Patients were contacted every three months and offered a review by a GP. The practice had a register of 230 patients and reported that patient and carer feedback for this service was very positive.
- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations. This included signposting patients to an online counselling support service for 11-25 year olds and an online community and peer support group for those with mental health concerns).

The practice's uptake for the cervical screening programme was 80% which was comparable 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. The practice also encouraged 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 96% to 97% and five year olds from 94% 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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with members of the patient participation group. They also told us they were highly 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 in general patients felt they were treated with compassion, dignity and respect. The practice was comparable with both CCG and national averages for its patient satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 90% said they found the receptionists at the practice helpful compared to the CCG average of 87% and 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.

The practice worked closely with patients, families and other health and care providers in relation to palliative care planning and end of life care planning. For example, within the practice population 89% of patients receiving palliative care died at their preferred place of death as opposed to the national figure of 50%.

Results from the national GP patient survey showed patients generally 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:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 84%.

Staff told us that translation and interpretation services were available for patients who did not have English as a first language. In addition the website had a translation function available and the practice had translated some information to meet the needs of its significant Polish population.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example information was available in relation to local carers support.

Written information was available to direct carers to the various avenues of support available to them, and direct advice and support was available to the 163 patients who were recorded on the practice carers register.

The practice offered support for those who had experienced bereavement and had access to a self-help guide which was available for clinicians to download from the intranet and give to patients. Patients were also signposted to a local bereavement support drop-in centre.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments and Saturday morning appointments.
- The practice had identified diabetes and atrial fibrillation as priority areas and introduced additional services such as pre-diabetic screening and atrial fibrillation screening to meet the needs of its population.
- 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.
- There were disabled facilities, including an access ramp and wide doorways, a hearing loop and translation and interpretation services available.
- The practice had installed a lift to improve access to its first floor meetings rooms and offices.
- The practice had access to drug and alcohol misuse services for patients that needed additional support.
- The practice had made chlamydia testing kits easily accessible in the patient toilets.
- The practice was registered under the Wakefield Safer Places Scheme. This is a voluntary scheme which assists vulnerable people to feel safer and more confident when travelling independently. If the person felt unwell, lost or in distress they could access the practice, who would then contact a named relative, carer or friend.

Access to the service

The practice was open between Mondays to Friday 8am to 6.30pm. Early surgeries were available 7am to 8am on Thursdays for routine appointments and late surgeries operated 6.30pm to 8pm alternating Tuesdays and Thursdays. The practice was also open for routine appointments on Saturday morning 8am to 11am.

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

Results from the national GP patient survey showed high patient satisfaction with how they could access care and treatment was better than local and national averages.

- 92% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 94% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and the national average of 73%.

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

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 managing partner was the designated responsible person who handled all complaints in the practice.
- We saw that leaflets were available to help patients understand the complaints system and complaint forms were available at reception.

We looked at 20 complaints received in the last 12 months and found that these had been handled appropriately. Complaints were discussed at team meetings and lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint regarding poor appointment handling it was identified that additional training and awareness raising was required for staff and this had been delivered.

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 which was available to patients in the practice leaflet and which was displayed in the waiting area.
- Staff knew and understood the values that the practice sought to promote, and their role in relation to these values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit 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. 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.

The practice had a very strong training and development culture, for example:

- The practice was an advanced training practice and four clinical staff were recognised trainers.
- The practice was supporting a health care assistant to become a qualified band five nurse via the Open University.
- The practice had developed health care assistants to take on more challenging roles as assistant practitioners.
- Opportunities within the practice had been developed for apprenticeships and the practice had a number of apprentices on the staff structure.
- The practice had developed a sixth form medical student pack to support and encourage local young people into a medical career.

Are services well-led?

Good

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

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.

- The practice had gathered feedback from patients through the patient participation group and through surveys and complaints received. There was an active PPG which met approximately every two months and we heard about occasions when they had submitted proposals for improvements to the practice management team. For example, they had raised the issue that seating in the waiting room was often too low for the elderly or those with a disability, in response the practice provided chairs which were higher and more suitable for the needs of these patients.
- The practice had gathered feedback from staff through an annual staff survey and we saw evidence that results were reviewed and considered. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. In addition 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 had implemented local approaches to improve outcomes for patients in the area. For example the practice had;

- Supported the needs of care home patients by the introduction of ward rounds.
- Worked with Wakefield Young Inspectors to improve services for children and young people.
- Actively supported the training and upskilling of existing staff members.