

# Middlestown Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Middlestown Medical Centre on 22 September 2015. 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 named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- Following feedback from patients the practice offered extended hours every Saturday morning and a late night session with the practice nurse and HCA every two weeks to accommodate patients who could not attend surgery during normal hours. This was funded by the practice.

The areas where the provider should make improvement are:

# Summary of findings

- During our inspection we identified an issue with recording fridge temperatures and saw that these had been manually recorded out of range over a period of time. We addressed this with the practice manager on the day of our inspection.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- 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 there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality, with the exception of performance against diabetes and chronic kidney disease related indicators.
- 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 multi-disciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Data showed that 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.

Good



# Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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. For example; as two of the branch surgeries were located in rural areas, the practice offered dispensing services. The practice also provided minor surgery services and dermoscopy.
- Following feedback from patients the practice offered extended hours every Saturday morning and a late night session with the practice nurse and HCA every two weeks to accommodate patients who could not attend surgery during normal hours.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that 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.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice 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.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 had a named GP.
- The practice provided facilities and services to deal with all needs, working collaboratively with an integrated team to ensure patients received the physical, social and psychological support required.
- The practice nursing team offered a flexible approach to housebound patients in cases where complex needs required specialist nursing skills and visited these patients at home.
- Practice nurse home visits were allocated at times convenient for the patient.

### People with long term conditions

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

Good



- The practice held a register of patients with long term conditions such as diabetes, COPD, and heart disease.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

### Families, children and young people

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

Good



# Summary of findings

- 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.
- 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 practice had a recall system to ensure regular smears were carried out on women aged between 24 and 65 years of age.
- Sexual health and contraception were discussed opportunistically and patients aged between 15 and 24 years were encouraged to have a chlamydia testing as appropriate.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- The practice provided a clinician call back service to patients that were unable to access the surgery during normal hours.
- Following feedback from patients the practice offered extended hours every Saturday morning and a late night session with the practice nurse and HCA every two weeks to accommodate patients who could not attend surgery during normal hours. This was funded by the practice.
- In addition to the above, the practice were part of Network6. Network 6 was a group of practices in the local area who worked together to provide additional services in the locality. This enabled patients to access late night session from 6.30pm to 8pm every evening and from 8am to 8pm at the weekend.
- The practice offered repeat dispensing for patients with controlled medical conditions.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice were part of the Safer Places Scheme and were awaiting training to become a Dementia Friendly Practice.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

## People experiencing poor mental health (including people with dementia)

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

Good



- 90.6% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 243 survey forms were distributed and 104 were returned. This was a response rate of 43%.

- 90% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 97% found the receptionists at this surgery helpful (CCG average 88%, national average 87%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 98% said the last appointment they got was convenient (CCG average 94%, national average 92%).
- 90% described their experience of making an appointment as good (CCG average 73%, national average 73%).

- 91% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%).

This practice compared very favourably with other practices in the CCG and nationally. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. However, three comment cards mentioned problems accessing appointments.

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

## Areas for improvement

### Action the service **SHOULD** take to improve

- During our inspection we identified an issue with recording fridge temperatures and saw that these had been manually recorded out of range over a period of time. We addressed this with the practice manager on the day of our inspection.

## Outstanding practice

- Following feedback from patients the practice offered extended hours every Saturday morning and a late

night session with the practice nurse and HCA every two weeks to accommodate patients who could not attend surgery during normal hours. This was funded by the practice.

# Middlestown Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

## Background to Middlestown Medical Centre

Middlestown Medical Centre operates from a purpose built medical centre located in Wakefield. The practice also has two branch sites located in Flockton and Emley. We visited all three sites as part of our inspection. Patients can access services at all three sites.

Services are provided under a personal medical services contract. This is the contract held between the practice and NHS Commissioners.

The practice serves a population of approximately 7860 patients and the service is provided by four GP partners (two male and two female). The partners are supported by two female salaried GPs, three GP Registrars, an advanced nurse practitioner, three practice nurses, a health care assistant and a phlebotomist. The clinical staff are supported by an experienced team of administration and reception staff.

Patients can access a number of clinics for example; minor surgery, asthma and diabetes and the practice offers services such as antenatal and postnatal care, childhood vaccinations and well-person check-ups.

Middlestown Medical Centre is open between 8am - 6.30pm Monday to Friday and 8am - 12pm on Saturdays.

Emley Surgery is open between 9am – 10.30am and 4pm to 6pm on Mondays and Wednesdays, from 9am – 10.30am on Tuesday and from 4pm to 6pm on Fridays.

The Flockton Surgery is open between 11am – 12.30pm Monday to Thursday.

Registered patients can also access appointments through the West Wakefield Extended Hours service which provides pre-bookable appointments from 6.30pm – 8pm Monday to Friday and 8am to 8pm on Saturday and Sundays.

## Why we carried out this inspection

We inspected this service as part of our new 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 September 2015. During our visit we:

- Spoke with a range of staff (including three GPs, a nurse practitioner, a health care assistant and the practice manager) and spoke with patients who used the service.

# Detailed findings

- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and enter the details using an electronic incident reporting 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, one incident referred to a child that had been given a duplicate vaccination. We saw the practice had taken the appropriate action by contacting public health for advice. We saw the incident had been discussed at a practice meeting and actions to avoid reoccurrence identified.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients they could access a chaperones if required. A chaperone is a person who serves as a witness for both the 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 check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a dedicated infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- However, we found issues with the manual temperature checks undertaken on the two medication fridges. On the day of the inspection the manual temperatures had been documented out of range on a number of occasions. The incident was reported to NHS England on the day of our inspection.

Subsequent to the inspection the practice sent us information from the electronic data logger which provided assurance that the fridge temperatures had been within range. This indicated that there was a training issue rather than a medication issue.

## Are services safe?

This was reported to NHS England on the day of our inspection and the electronic data recorder reviewed which evidence that appropriate temperature ranges had been kept.

- We reviewed two personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. 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 also 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.

- 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.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 95.2% of the total number of points available, with 5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from The Health and Social Care Information Centre showed;

- Performance for diabetes related indicators (81.4%) was worse than to the CCG (90.8%) and national average (89.2%). However the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 93.1% which was better than the CCG average (84.5%) and national average (81.5%).
- The percentage of patients with hypertension having regular blood pressure tests (84.6) was better than the CCG (82.9%) and national average (77.3%).
- Performance for mental health related indicators (96.2%) was better than the CCG (94.3%) and national average (92.8%). For example; the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record in the preceding 12 months was 90.9%. This was better than the CCG (79.1%) and national (77.2%).

- The dementia diagnosis rate (85.7%) was above the CCG (74%) and national (74.7%) average.

Clinical audits demonstrated quality improvement.

- We reviewed three clinical audits completed in the last two years, all of these identified areas for improvement and action taken. Two of the audits were completed audits which demonstrated improvements made.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, one audit looked at patient using Hydroxychloroquine. Hydroxychloroquine is used to treat rheumatoid arthritis and lupus. The audit had been carried out following a consultation with a patient regarding shared care. Guidance had been reviewed and as a result the practice had implemented visual acuity checks at medication reviews for all patients using the drug.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. However, during the inspection we identified training requirements for some staff member regarding recording medication fridge temperatures.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- 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 people to other services.

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

### 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, where appropriate, recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A health trainer was available on the premises. A health trainer helps clients assess lifestyle and wellbeing. They provide practice support and information including reducing alcohol intake and stopping smoking.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 84.7%, which was better than the CCG average of 80.4% and the national average of 80.1%. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.4% to 98.6% and five year olds from 92.3% to 100%. Flu vaccination rates for the over 65s were 75.7%, and at risk groups 60.19%. These were also above CCG and national averages to CCG and national averages.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

We received 17 patient CQC comment cards and all of these 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 also spoke with four patients who were also members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 doctors and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 88%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 97% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

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

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 83% , national average 82%)

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

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call 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.

- The practice offered extended hours every Saturday morning.
- In addition to the above, the practice were part of Network6. Network 6 was a group of practices in the local area who worked together to provide additional services in the locality. This enabled patients to access late night session from 6.30pm to 8pm every evening and from 8am to 8pm at the weekend.
- The practice offered repeat dispensing for patients with controlled medical conditions.
- Due to the rural location of the practice, the nursing team offered a flexible approach to housebound patients in cases where complex needs required specialist nursing skills.
- Practice nurse home visits were allocated at times convenient for the patient.
- GP home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.

### Access to the service

Middlestown Medical Centre is open between 8am - 6.30pm Monday to Friday and 8am - 12pm on Saturdays.

Emley Surgery is open between 9am – 10.30am and 4pm to 6pm on Mondays and Wednesdays, from 9am – 10.30am on Tuesday and from 4pm to 6pm on Fridays.

The Flockton Surgery is open between 11am – 12.30pm Monday to Thursday.

Registered patients can also access appointments through the West Wakefield Extended Hours service which provides pre-bookable appointments from 6.30pm – 8pm Monday to Friday and 8am to 8pm on Saturday and Sundays.

Extended hours surgeries were offered from 8am until 12pm on Saturdays and this was for prebookable appointments only.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 90% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 90% patients described their experience of making an appointment as good (CCG average 73%, national average 73%).
- 91% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71%, national average 65%).

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, the practice had produced a leaflet which to assist any patients wishing to make a complaint.

We looked at 10 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, demonstrating openness and transparency with dealing with the complaint.

# 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 all staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take 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 gives 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 that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, Saturday morning appointments and the introduction of a patient newsletter.

- The practice had also gathered feedback from staff through annual appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.