

Dr Bance and Partners

Quality Report

Pinfold Surgery
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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?	Outstanding	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Bance and Partners on 31 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting, recording and taking remedial action in relation to 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had identified the needs of diabetic patients and since 2013 had employed a dedicated diabetes specialist nurse. This allowed the practice to deliver diabetic services up to level four which included insulin initiation. In addition, a diabetic consultant attended the practice to review patients. This prevented the need for diabetic patients to attend secondary care unnecessarily. Patient satisfaction with the service was high and in the latest practice survey 97% of patients rated the care received as either excellent or good.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a nominated lead and systems were in place for reporting and recording significant events. Lessons were shared to ensure action was taken to improve safety in the practice. All staff were encouraged and supported to record any incidents using the practice reporting system.
- There was a nominated lead for safeguarding children and adults. Systems were in place to keep patients and staff safeguarded from abuse.
- There were processes in place for safe medicines management.
- When things went wrong we were told patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with current evidence based guidance. The practice had in place an effective system of disseminating guidance and alerts and ensuring implementation.
- Weekly clinical meetings were held to discuss patient care and complex cases.
- Staff worked with other health and social care professionals, such as, district nursing and health visiting teams, to meet the range and complexity of patients' needs.
- Clinical audits were undertaken and could demonstrate quality improvement.
- The practice had a proactive approach to staff training and development.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to both local and national figures.
- There were care plans in place for patients considered at risk of an unplanned admission or attendance to A&E, such as patients with a long term condition. At the time of inspection

Summary of findings

the practice had reviewed 72% of all care plans (this equated to over 2,000 care plans) and exceeded the local target of 65%. The practice could demonstrate a reduction in admissions linked to this work.

- The practice had developed consent processes for patients who received minor surgery and steroid injections and had coded and used pop-up alerts on screen to identify patients subject to a Deprivation of Liberty Safeguard (DoLS) assessment.
- The practice had developed a monthly staff newsletter which was used to keep staff informed of key information across the three surgeries which comprised the practice.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There were private rooms available for mothers who were breastfeeding.
- All surgeries, Pinfold, Elizabeth Court and Castleford Health Centre had wheelchairs available on demand for patients who had mobility problems.
- The practice was registered under the Wakefield Safer Places Scheme. This was a voluntary scheme which assisted vulnerable people to feel safer and more confident when travelling independently away from their homes by offering them places of safety and support should this be required.

Good



Are services responsive to people's needs?

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. For example;
 - The practice had identified the needs of diabetic patients and since 2013 had employed a dedicated diabetes specialist nurse able to deliver diabetic services up to level four which included insulin and GLP-1 initiation (GLP. In

Good



Summary of findings

addition, a diabetic consultant attended the practice to review patients. Patient satisfaction with the diabetic service was high and in the latest practice survey 97% of patients rated the care received as either excellent or good.

- The practice organised and hosted specialist clinics which included health trainers, audiology, physiotherapy, cognitive behavioural therapy, prostate cancer and abdominal aortic aneurysm screening.
- The Castleford Health Centre branch surgery worked closely with a local hostel for homeless people to offer access to medical services.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs; this included having good access for people with a disability.
- 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.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice had a strong ethos of staff training and development which included acting as a training practice and developing a successful apprenticeship programme.
- 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 provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. We were told elderly patients were given additional time and help to book their appointments if they were perceived to be struggling with the booking system.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and who were at risk of an unplanned hospital admission.
- The practice had recently joined the Wakefield Vanguard Connecting Care programme, part of which involved the practice providing regular clinical support to 11 nearby residential and nursing homes. The support included meeting individual patient health needs and the development and review of care plans. At the time of inspection the practice was providing services to 151 care home residents, of these residents 84% had active care plans in place.

People with long term conditions

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

Outstanding



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Since 2013 the practice had employed a dedicated diabetes specialist nurse. This allowed the practice to deliver diabetic services up to level four which included insulin and GLP-1 initiation (GLP-1 is a class of injected drugs for the treatment of type 2 diabetes). In addition, a diabetic consultant attended the practice to review patients. This prevented the need for diabetic patients to attend secondary care unnecessarily. Patient satisfaction with the service was high and in the latest practice survey 97% of patients rated the care received as either excellent or good.
- 100% of newly diagnosed diabetic patients had been referred to a structured education programme in the last 12 months, compared to 94% locally and 90% nationally.

Summary of findings

- The practice hosted other specialist/enhanced clinics which included physiotherapy, health trainer advice and prostate cancer screening.
- All patients on long term condition registers were invited for structured reviews on at least an annual basis. During these reviews patients had bespoke care plans developed for them and received advice on how to manage the condition.
- The practice offered e-consultations with secondary care specialist consultants. This meant a reduction in the need for patients to visit secondary care providers, and also meant they received more timely advice and treatment than would be otherwise the case.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- We were told 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's uptake for the cervical screening programme was 81%, which was comparable to CCG and national averages. The practice had a policy of always following up cervical screening non-responders.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Additionally, extended appointments were available Monday to Friday for new born six to eight week baby checks at any of the practice locations.
- The safeguarding lead GP had weekly meetings with the health visitor team at the Castleford Health Centre branch surgery.
- Sexual health and contraceptive and cervical screening services were provided at the practice.

Good



Summary of findings

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).

- Students and young people aged 17 years and above were able to access an enhanced service catch up programme for MMR and Meningitis C vaccinations (MMR vaccine is an immunisation vaccine against measles, mumps, and rubella).
- 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 provided telephone consultations during the day to patients who may otherwise not be able to attend.
- 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.

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 those with a learning disability and the frail elderly.
- Castleford Health Centre branch surgery worked closely with a local homelessness hostel to deliver healthcare services to residents.
- The practice offered longer appointments for patients with a learning disability and for those whose conditions would benefit from a longer consultation period.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice met with other health and social care professionals including palliative care nurses on a monthly basis to discuss individual cases and update care plans.
- The practice informed 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.

Summary of findings

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).

- The practice has a high dementia diagnosis rate of 84% and at the time of inspection had 153 patients on its dementia register.
- 79% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months; this was comparable to the CCG and national average.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months which had been agreed between individuals, their family and/or carers as appropriate. This was 2% above the CCG average and 4% above the national average.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice informed patients experiencing poor mental health how to access various support groups and voluntary organisations. In addition the practice worked with a local provider to offer weekly Improving Access to Psychological Therapies (IAPT) sessions either by referral or self-referral. (IAPT is a programme of talking therapy treatments recommended by the National Institute for Health and Clinical Excellence (NICE) which supports frontline mental health services in treating depression and anxiety disorders).
- Staff had an understanding of how to support patients with mental health needs and dementia.
- The practice was registered under the Wakefield Safer Places Scheme. This was a voluntary scheme which assisted vulnerable people to feel safer and more confident when in the community and away from home settings.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. There were 301 survey forms distributed and 116 were returned which was a 39% response rate. This represented less than 1% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and the 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 eight comment cards which were all positive about the standard of care received. Comments on the cards stated that the practice was caring and that practice staff took the time to listen to them.

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

Dr Bance and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Bance and Partners

The practice of Dr Bance and Partners consists of three surgeries, a principal surgery Pinfold Surgery, Methley, and two large branch surgeries, Elizabeth Court Surgery in Airedale and Castleford Health Centre located in Castleford town centre. At the time of inspection the practice as a whole had over 15,000 patients. The practice is a member of the NHS Wakefield Clinical Commissioning Group (CCG).

Pinfold Surgery is located on Pinfold Lane, Methley, Leeds and has a practice list of 5,518 patients. The surgery is located in a modern purpose built premises. The surgery has on-site parking available for patients.

Elizabeth Court Surgery is located on Elizabeth Court, Airedale, Castleford and has a practice list of 5,035 patients. The surgery is located in a purpose built premises and has parking available for patients.

Castleford Health Centre is located on Welbeck Street, in the centre of Castleford; it has a practice list of 4,466 patients. The surgery is located in a purpose built premises which it shares with another GP practice. The surgery has limited parking available although a local authority car park is located within 20 metres of the practice.

All three surgeries are accessible for those with mobility issues and are located close to independent pharmacies.

The practice serves a post industrial area linked predominantly to mining and heavy industry. As a result the practice has a high prevalence of long term conditions, with 59% of patients reporting they had a long standing health condition compared to the England average of 54%. The population age profile shows that it is slightly under the England average for those over 65 years old (16% compared to the England average of 18%), whilst the age profile for under 18s is slightly above the England average (23% compared to the England average of 21%). 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 serves some areas of higher than average deprivation being ranked in the third most deprived decile. The practice population is predominantly White British with just over 2% of the population being composed of non-white ethnic groups.

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:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Dementia support
- Risk profiling and care management
- Support to reduce unplanned admissions.

Detailed findings

- Minor surgery
- Learning disability support

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

Attached to the practice or closely working with the practice is a varied team of community health professionals including health visitors, midwives, and members of the district nursing team.

The practice has four GP partners (male) and four salaried GPs (two male, two female) working at the practice. In addition there are three advanced nurse practitioners, one specialist diabetic nurse, four practice nurses, three healthcare assistants and an apprentice healthcare assistant. Clinical staff are supported by a practice manager, deputy practice manager, IT manager and an extensive administration and reception team.

The practice holds training practice status and offers training to registrars and medical students and currently hosts four GP registrars (female) and one Foundation Year Two doctor (male). Two GPs at the practice are accredited to support this training activity.

The practice offers a range of appointments, these include:

- Pre-bookable appointments
- On the day/urgent appointments
- Telephone appointments

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

Opening times for the three practice surgeries are as follows: .

Pinfold Surgery

Monday 8am to 6pm

Tuesday 8am to 12.30pm

Wednesday 8am to 6pm

Thursday 8am to 6pm

Friday 8am to 6pm

Elizabeth Court Surgery

Monday 8am to 6pm

Tuesday 8am to 6pm

Wednesday 8am to 6pm

Thursday 8am to 1.30pm

Friday 8am to 6pm

Castleford Health Centre

Monday 8am to 6.30pm

Tuesday 8am to 6.30pm

Wednesday 8am to 6.30pm

Thursday 8am to 6.30pm

Friday 8am to 6.30pm

The practice does not offer extended hours opening.

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

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 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 31 March 2016. During our visit we:

Detailed findings

- Spoke with a range of staff which included GP partners, members of the nursing team, the practice manager and staff from the reception and administration team.
- Spoke with NHS Wakefield Clinical Commissioning Group.
- Observed how staff interacted with patients.
- Reviewed anonymised records.

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.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for incidents to be recorded. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Significant events were discussed at partner meetings and at clinical meetings and, when necessary, cascaded to other members of staff. In addition to this, incidents were subject to an annual review.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had identified a booking error by a member of the administration staff. This was fully investigated; the staff member was informed of the error and advised on how to prevent a recurrence.

The practice told us it had a strong 'no blame' culture and that it encouraged staff to be open and transparent with colleagues and patients when things go wrong. The practice was also aware of their wider duty to report incidents to external bodies such as NHS Wakefield CCG and NHS England.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding and deputies had been appointed to cover absences. GPs attended weekly safeguarding meetings and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and some practice nurses were trained to child protection or child safeguarding level three and other members of staff had received safeguarding training to either level one or two dependent on their roles. We heard on the day of inspection from health visitors who confirmed the close working relationship they had with the practice. Safeguarding procedures were also included in the locum and GP trainee induction process.
- The practice had developed a safety check protocol if a patient did not attend or cancelled an appointment, which looked at the impact and risk of this occurrence on the patient.
- A notice in the waiting rooms 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 (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 practice premises to be clean and tidy. The senior practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local public health IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence audit compliance scores for the three surgeries were high at 98%-99% overall compliance.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their distribution and use. Advanced Nurse Practitioners were employed by the practice and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this role. Patient Group Directions had been also been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. It was noted during the inspection that the number two vaccine refrigerator in the Castleford Health Centre branch surgery whilst not outside the temperature range was recording a high operating temperature. When we raised this with the practice they agreed to investigate this further.
- 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. However, we did note that the practice needed to review and update its records in relation to the immunity and vaccination status of its staff.
- A detailed locum induction pack had been developed by the practice which supported the wider locum induction process.
- We recommended that the practice risk assessed the transportation of prescriptions and vaccines between the three surgeries comprising the practice. At the time of inspection this was carried out without back up procedures being in place to cover eventualities such as vehicle breakdowns or theft.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. During the inspection it was noted that the stereo in the Pinfold Surgery breastfeeding and children's room had not been electrically tested within the past 12 months. We also noted in the Castleford Health Centre that there were open faced electrical sockets in the waiting room and recommended to the practice that these have blanking inserts fitted to prevent young children inserting their fingers. 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 bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty, and staff were available to call in to cover absences from the three surgeries that make up the practice.

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 and panic buttons on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had defibrillators available on the three surgery premises and oxygen with adult and children's masks. First aid kits and accident books were available at the sites.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- Emergency medicines were easily accessible to staff in secure areas of the three surgeries and all staff knew of their locations. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. NICE guidance and alerts were disseminated to all clinicians via emails and these were also available on the practice computer system and in hard copy. Guidance and alerts were discussed by the practice at partner and clinical meetings and we saw evidence of the effective distribution and implementation of new guidance by the practice when this was issued.
- The practice was able to monitor that these guidelines were adhered to, and actively follow the audit trail of the patient via their IT system.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed that 99% of the total number of points available had been achieved, and that clinical exception reporting was 6.5% which was 1% below the CCG average and 3% below the national average 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 above CCG and national averages. For example, 93% of patients on the diabetes register had received a foot examination within the preceding 12 months which was 4% above the CCG average and 5% above the national average.

- Performance for mental health related indicators was comparable to CCG and national averages. For example, 92% of patients with a diagnosed mental health condition had an agreed care plan documented which was 2% above the CCG average and 4% above the national average.

There was evidence of quality improvement including clinical audit.

- We reviewed in depth two full cycle completed clinical audits into medication policy compliance and Hydroxychloroquine prescribing.
- Findings were used by the practice to improve services. For example, the Hydroxychloroquine audit had identified the need to ensure that patients were advised to have regular eye checks due to the potential toxicity to the eye of this disease-modifying anti-rheumatic drug (DMARD). The first audit cycle had identified that not all patients had a record that they had been advised to have an eye check. The practice raised awareness of the need to inform patients and record this. Reaudit showed that 100% of patients had had a note added to their repeat prescriptions advising them of the need for regular eye checks.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice carried out a peer reviews of long term condition care plans

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinicians had undertaken additional and higher level training in diabetes, which allowed them to deliver a more extensive level of service and reduced the need for patients to access secondary care.
- In addition the practice had developed an apprenticeship programme which had seen four apprentices complete training at the practice and secure employment with the practice on a permanent



Are services effective?

(for example, treatment is effective)

basis. At the time of inspection the practice had an apprentice administrator undergoing training and experience and was supporting another member of the administration team to train to become a healthcare assistant. The practice was also able to show where other staff members had been supported to develop their careers through training.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate that they had stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We saw evidence that staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had a well established “buddy system” whereby other clinicians viewed and actioned each other’s pathology results if one of them was absent.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients’ needs and to assess and plan

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example, the practice held monthly Gold Standard Framework palliative care and end of life care meetings with other health and care professionals when the needs of individuals were reviewed and care plans updated. We heard from a representative of a care home that the practice worked closely with them and gave them the necessary support they required. Palliative care patients had a form sent to the out of hours provider informing of the status of the patient and their requirements.

All patients who attended accident and emergency (A&E) and had an unplanned hospital admission were reviewed. Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission.

The practice actively managed patients with long term conditions such as asthma, heart disease, hypertension and stroke. It used registers of patients with these conditions to manage and coordinate treatment and care planning.

The practice had developed a monthly staff newsletter which it used to share key guidance and keep all staff informed across all three practice locations. The newsletter also made staff aware of training opportunities and discussed compliments, complaints and significant events.

Following discussion with the CCG the practice had introduced e-consultations with secondary care specialist consultants. The use of e-consultations was intended to reduce the need for direct referrals to secondary care specialists, supporting patients to receive more timely advice regarding appropriate care management of their condition (At the time of inspection the practice was awaiting data as to the direct impact of e-consultations).

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 and



Are services effective?

(for example, treatment is effective)

the Deprivation of Liberty Safeguards (DoLS). (These safeguards aims are to make sure that people in health and care settings are looked after in a way that does not inappropriately restrict their freedom).

The practice had developed consent processes for patients who received minor surgery and steroid injections and had coded and used pop-up alerts on screen to identify patients subject to a DoLS assessment. Additionally the practice had developed a crib sheet for staff to use in relation to the Mental Capacity Act and DoLS.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored and was available to audit.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. These included patients:

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

- the practice hosted weekly health trainer sessions in all locations when members of the local health trainer service were available to provide support, advice and motivation to any patient who wanted to make a healthy lifestyle change.

The practice's uptake for the cervical screening programme was 81%, which was comparable to CCG and national averages. There was a policy contact patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Childhood immunisation rates for the vaccinations given were slightly better than the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 98% (CCG averages ranged from 94% to 98%) and five year olds from 96% to 98% (CCG averages ranged from 92% to 97%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.
- There were private rooms available for nursing mothers and babies within the surgeries.
- The surgeries had wheelchairs available on demand for patients who had mobility problems.
- The practice was registered under the Wakefield Safer Places Scheme. This was a voluntary scheme which assisted vulnerable people to feel safer and more confident when travelling independently away from their home.

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

We spoke with three members of the patient participation group (PPG). They informed us how the practice actively engaged with them. Their views and comments were also overwhelmingly positive with regard to the treatment and care they received as individual patients.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. The practice offered longer appointment times if patients had complex issues or there were difficulties with communication.

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 above local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.

Are services caring?

- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation and interpretation 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

There was a carers' register in place and those patients had an alert on their electronic record to notify staff. At the time of inspection the practice had 313 carers on their register

which represented around 2% of the practice population. Carers were involved and named in patient care plans and were signposted to local carers' support groups if this was requested. The practice had met recently with a local carer's organisation to discuss the further identification of carers in the area and what targeted support could be offered.

We saw there were notices in the patient waiting area, informing patients how to access a number of support groups and organisations. The practice website had links to local carers support networks, and gave additional advice to carers regarding benefits and rights.

Staff told us that if families had experienced a bereavement that they could contact the practice for support. The practice also had information concerning bereavement available to patients displayed on noticeboards and in leaflets within the surgeries

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.

- There were longer appointments available for patients with individual needs such as those with a learning disability, the frail elderly or those who had difficulties in communicating.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had around 40% of consultation sessions available for on the day appointments. In addition on the day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation and interpretation services available at all three surgeries.
- The practice had recently joined the Wakefield Vanguard Connecting Care programme. As part of which the practice provided regular clinical support to 11 nearby residential and nursing homes, support included meeting individual patient health needs and the development and review of care plans. At the time of inspection the practice was providing services to 151 care home residents, of these residents 84% had active care plans in place. The practice has estimated that it usually provides around ten hours per week of direct services within care home settings and that recently over a four week period saw 123 patients. The practice submitted data to us which showed for the first eight weeks of 2016, there were 16 emergency hospital admissions for care home patients. During the second eight week period, there were only five emergency hospital admissions, a 69% reduction in admissions. The practice was well regarded by the care homes for the services provided to their residents.
- The practice had identified the needs of diabetic patients and since 2013 had employed a dedicated

diabetes specialist nurse. As well as advanced care planning, twice yearly blood monitoring and annual reviews this allowed the practice to deliver diabetic services up to level four which included insulin and GLP-1 initiation. This service also included joint diabetic clinics held at surgeries with a local lead diabetic consultant where both patient and case note reviews were carried out. This approach can be seen to reduce the need for patients to attend secondary care service for specialist treatment and review. The practice diabetic caseload at the time of inspection was 712 patients and in 2015/2016 the practice achieved:

- 13 insulin starts within practice
- 17 GLP-1 starts within practice

Patient satisfaction with the service was high and in the latest practice survey 97% of patients rated the care received as either excellent or good.

The practice had carried out a high risk diabetes audit of patients (2013-2016) and found that of 120 eligible patients 80 had seen a reduction in blood sugar levels and that 29 of these patients had achieved a reading within the normal range.

- The practice also hosted other specialist/enhanced clinics which included health trainers, audiology, physiotherapy, cognitive behavioural therapy, prostate cancer and abdominal aortic aneurysm (AAA) screening (AAA is a dangerous swelling affecting the main blood vessel that runs from the heart).
- The Castleford Health Centre branch surgery worked closely with a local hostel for homeless people to offer access to medical services.

Access to the service

The practice was open between 8am and 6pm Monday to Friday although there were small variations in opening times across the three surgeries making up the practice, for example Castleford Health Centre was open until 6.30pm Monday to Friday. The practice did not offer extended hours opening. In addition to pre-bookable appointments on the day and urgent appointments were available for people that needed them.

Appointments could be booked in person, on the phone and online.

Are services responsive to people's needs?

(for example, to feedback?)

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.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 75%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% 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 and that these were convenient.

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 had appointed a lead GP partner with overall responsibility for complaints, with complaints being handled on a daily basis by the practice manager (or deputy practice manager).

- The practice kept thorough records of complaints and subsequent actions, and these were available to all staff through the practice computer system. This approach and the spreadsheets used have been shared with two other local practices who have implemented this system.
- We saw that information was available to help patients understand the complaints system and posters were on display in waiting rooms in all surgeries and information about complaints was also available on the website.

We looked at five complaints received in the last 12 months and that they had been well recorded and dealt with in an appropriate and timely manner. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw that one complaint investigation had highlighted a learning need for a member of staff, which had been actioned. In addition we were also told of a complaint that had been dealt with effectively by a GP during a consultation.

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 clear vision to deliver high quality care and promote good outcomes for patients. There was a statement of purpose in place which identified the practice values.
- There was a strong patient centred ethos amongst the practice staff and a desire to provide high quality care.
- 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 either in hard copy or on the practice intranet.
- A comprehensive understanding of the performance of the practice was maintained. The lead partner was able to outline in-depth the overall performance of the practice in key areas such as prescribing, care planning and QOF attainment.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. For example, the practice had

appointed GP partners to lead on key areas of work including safeguarding, complaints, QOF and the implementation of best practice guidelines and alerts. Staff told us the partners were approachable and always took the time to listen to all members of staff. The inspection team noted the open, honest and helpful approach of all partners and staff during the inspection.

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

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

The practice had a strong commitment to training and development. The practice had training practice status and offered training to registrars and medical students. We were informed by the practice that four past registrars had become salaried GPs within the practice, and that two of these had subsequently gone on to become partners. In addition, the practice had developed an apprenticeship programme which had seen four apprentices complete training at the practice and secure employment with the practice on a permanent basis. One of these staff members was also currently being supported by the practice to become a healthcare assistant. Additionally at the time of inspection the practice had an apprentice administrator undergoing training and experience. The practice was also able to show where other staff members had been supported to develop their careers through training.

Practice partners were actively involved in the CCG Board and the Local Medical Committee. The practice was also involved in the local network and the developing Federation.

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

Are services well-led?

Good 

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

- Staff told us the practice held regular team meetings and had developed a staff newsletter which it used to spread key messages across the three surgeries making up the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they generally 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met on a six weekly basis and carried out activities including developing articles for the patient newsletter and raising awareness amongst other patients of issues such as those who do not attend appointments.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and developing innovative services to improve outcomes for patients in the area. For example the practice:

- had joined the Wakefield Vanguard Connecting Care programme. As part of the which the practice provided clinical sessions at 11 nearby residential and nursing home during which patient health needs were met and care plans were developed and reviewed.
- appointed a dedicated specialist diabetes nurse to deliver enhanced services within the community.
- took a proactive and positive approach to staff development.
- was examining with other practices new ways of delivering services across the network and Federation.