

# Eastmoor Health 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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Eastmoor Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	15
Action we have told the provider to take	27

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eastmoor Health Centre on 16 August 2016. Overall the practice is rated as requires improvement.

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

- The practice had developed systems and processes to raise concerns, and to report incidents and near misses. However, during the inspection it was apparent that the reporting of incidents was inconsistent and therefore learning opportunities could be missed.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented to an acceptable standard to ensure patients were kept safe. For example, the practice procedures for monitoring and acting on medicines alerts had lapsed, and issues were identified in respect to infection prevention and control.
- 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.
- Data showed patient outcomes were low compared to the national average.
- Patients told us they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand.
- Staff experienced difficulty in accessing information from the practice IT system in relation to policies and personnel records.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services was available, and staff could access translation and interpretation support when required to support patients with specific needs.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

There were areas where the provider must make improvement:

- The practice must re-instate the system for receiving and acting upon medicines alerts and take steps to ensure that all significant events are recorded, investigated, analysed and learnt from when appropriate.
- The practice must ensure there are effective systems in place to assess, monitor and improve the quality and safety of services provided. Quality improvement activity was limited and the systems in place to keep patients and staff safe were not always effective.

In addition the provider should ensure:

- Infection prevention and control within the practice should be improved. The included work in relation to the storage of sharps and the replacement of curtains in clinical rooms.
- The level of information contained in recruitment and personnel files required improvement. In particular information in relation to staff identity and the immunity status of staff was missing from three files during the 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 requires improvement for providing safe services.

**Requires improvement**



- Staff told us that they understood their responsibilities to raise concerns, and to report incidents and near misses. However, during the inspection it was apparent that the reporting of incidents was inconsistent and therefore learning opportunities could be missed.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the practice was not monitoring or acting on medicines alerts.
- During the inspection it was noted that a sharps bin in one of the consulting rooms was overfilled, unsigned and undated and was stored at low level on a desk top. This posed a significant risk to both patients and clinicians. In addition the curtains in consultation rooms had not been changed since 2014, however they were found to be in a clean condition.
- Staff recruitment and personal records did not contain information with regard to proof of identity and full immunity status of staff.
- Staff experienced difficulty in accessing information from the practice IT system in relation to policies and key records.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

**Requires improvement**



- Data showed patient outcomes were low compared to the national average.
- There was only limited evidence that clinical audit was driving improvement in patient outcomes.

# Summary of findings

- The appraisals in place within the practice were very limited in depth and were more in the line of a self-assessment rather than a performance based discussion.
- We did not see evidence that the lead GP had received training in the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.
- Patients we spoke to on the day and patient comment cards said that patients felt that 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- The practice offered late evening opening on a Thursday evening from 6.30pm to 8pm.
- The practice had recently introduced a weekly young person's clinic to meet the needs of this specific patient group. In addition the practice was working toward achievement of Young People Friendly accreditation.
- The practice participated in a local extended hours/out of hours service, Trinity Care, which operated across the local network.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice had responded when an issue was raised.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had not developed a detailed strategy, but had in place a number of underlying policies and standard operating procedures.
- The practice did have a clear vision and ethos to deliver high quality care and promote good outcomes for patients and this was corroborated by staff within the practice.
- Issues highlighted during the inspection indicated that governance arrangements required improvement. For example, medicines alerts were not being monitored or actioned, there was inconsistent recording of significant events, quality improvement activity was limited and there were deficiencies in record keeping in recruitment files.
- The practice gathered feedback from staff through annual staff appraisals and meetings. However it was noted though that the appraisal process was limited in depth and that staff meetings in the past were infrequently held due to staffing pressures.

**Requires improvement**



# 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 caring and responsive services, but is rated requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group which means the practice is rated as requires improvement for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported patients in four nursing and care homes, and had developed care plans and carried out medication reviews.

**Requires improvement**



### People with long term conditions

The practice is rated as good for caring and responsive services, but is rated requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group which means the practice is rated as requires improvement for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within normal parameters was 70% compared to a CCG average of 79% and a national average of 78%.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The practice is rated as good for caring and responsive services, but is rated requires improvement for safe, effective and well-led

**Requires improvement**



# Summary of findings

services. The concerns which led to these ratings apply to everyone using the practice, including this population group which means the practice is rated as requires improvement for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were comparable to local and national averages for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 72%, which was below the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked closely with health visitors and held regular safeguarding meetings.
- The practice had recently launched a weekly young person's health clinic and was working toward achievement of Young People Friendly accreditation.

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

The practice is rated as good for caring and responsive services, but is rated requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group which means the practice is rated as requires improvement for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended opening on Thursday evenings 6.30pm to 8pm.
- The practice also participated in a local extended hours/out of hours service, Trinity Care, which operated across the local network. Patients could call the service on weekdays 8am to 8pm and on weekends and bank holidays 9am to 3pm. Calls were triaged and an appointment made with a doctor should this be necessary.
- 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.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as good for caring and responsive services, but is rated requires improvement for safe, effective and well-led

**Requires improvement**





# Summary of findings

services. The concerns which led to these ratings apply to everyone using the practice, including this population group which means the practice is rated as requires improvement 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.
- The practice offered longer appointments for patients with a learning disability and for patients with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.
- The practice hosted an alcohol and drug abuse clinic which was provided by external health care professionals.

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

The practice is rated as good for caring and responsive services, but is rated requires improvement for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group which means the practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- 88% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than local and national averages.
- 58% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented on the patient record in the previous 12 months compared to a CCG average of 89% and a national average of 88%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

**Requires improvement**



## Summary of findings

- Patients were given double appointment times when necessary.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. Of 347 survey forms which were distributed 104 were returned for a response rate of 30%. This represented 4% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 79% 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 83% and the national average of 85%
- 79% of patients described the overall experience of this GP practice as good compared to CCG average of 86% and the national average of 85%

- 69% 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 14 comment cards the majority of which were positive about the standard of care received.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Data from August 2016 NHS Friends and Family Test showed that 77% of patients were either extremely likely or likely to recommend the practice to friends and family (the NHS Friends and Family Test was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed).

## Areas for improvement

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

- The practice must re-instate the system for receiving and acting upon medicines alerts and take steps to ensure that all significant events are recorded, investigated, analysed and learnt from when appropriate.
- The practice must ensure there are effective systems in place to assess, monitor and improve the quality and safety of services provided. Quality improvement activity was limited and the systems in place to keep patients and staff safe were not always effective.

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

- Infection prevention and control within the practice should be improved. The included work in relation to the storage of sharps and the replacement of curtains in clinical rooms.
- The level of information contained in recruitment and personnel files required improvement. In particular information in relation to staff identity and the immunity status of staff was missing from three files during the inspection.

# Eastmoor Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Eastmoor Health Centre

The practice surgery is located at Eastmoor Health Centre, Windhill Road, Wakefield, West Yorkshire WF1 4SD. The practice serves a patient population of around 2,700 people and is a member of NHS Wakefield Clinical Commissioning Group.

The surgery is located in purpose built premises and is readily accessible for those with a disability, for example the entrance door is wide enough to allow wheelchair access, and a hearing loop had been installed for those with a hearing impairment. There is limited parking available on site for patients although there is on-street parking available nearby. An independent pharmacy is located close to the practice.

The practice age profile shows that 23% of its patients are aged under 18 years (compared to the CCG average of 20% and the England average of 21%), whilst it is below both the CCG and England averages for those over 65 years old (13% compared to the CCG average of 18% and England average of 17%). Average life expectancy for the practice population is 75 years for males and 79 years for females (CCG average is 77 years and 81 years and the England average is 79 years and 83 years respectively). The practice serves an area of higher than average deprivation and is

ranked in the most deprived 10% of areas in the country. The practice population is primarily composed of White British patients, although there are significant numbers of patients from other ethnic backgrounds.

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

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Dementia support
- Minor surgery
- Learning disability support
- Improving patient online access
- Extended hours

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including asthma, diabetes, and coronary heart disease.

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

The practice is operated by one individual principal GP (male). The clinical team within the practice composes one salaried GP (female), a long term GP locum, a practice nurse and a phlebotomist/health care assistant (both female). Clinical staff are supported by a practice manager and an administration and reception team. Via a local Vanguard programme the practice and patients also have access to a pharmacist.

# Detailed findings

The practice appointments include:

- Pre-bookable appointments which can be made from four to 12 weeks in advance
- On the day/urgent appointments
- Telephone triage/consultations where patients could speak to a GP or advanced nurse practitioner. This service is delivered in conjunction with local network partners.

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

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered on a Thursday evening from 6.30pm to 8pm.

The practice also participates in a local extended hours/out of hours service, Trinity Care, which operates across the local network. Patients can call the service on weekdays 8am to 8pm and on weekends and bank holidays 9am to 3pm. Calls are triaged and an appointment made with a doctor should this be necessary.

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

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 August 2016. Prior to and during our visit we:

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

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).

## Detailed findings

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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). However, the recording of significant events and incidents was inconsistent. For example in the previous 15 months only two incidents had been recorded by the practice. In addition an incident relating to vaccines, whilst it had been correctly handled and raised with NHS England, had not been formally recorded as a significant event.
- There was little evidence to show that significant events had been analysed in depth and that learning had been cascaded to other staff.
- We were told 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 was not accessing or acting on medicines alerts. Whilst the practice had developed a safety alerts protocol the process had lapsed and the practice had not monitored or taken action against any recent medicines alerts that had been issued. When we raised this with the practice they told us that they would take immediate action to rectify the situation. Since the inspection the practice have confirmed that they have implemented a new process for accessing, disseminating and acting on medicines alerts.

### Overview of safety systems and processes

The practice had some 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 had been developed and were stored on the practice IT system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP acted as the safeguarding lead for the practice and was supported by a deputy. The GP attended bi-monthly safeguarding meetings with the health visitor. Staff demonstrated to us on the day that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs within the practice were trained in safeguarding to level three, nurses were trained to level two and the reception and administration team were trained to level one. Vulnerable patients were identified on the practice IT system.
- The practice offered patients the opportunity to access chaperones (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 an intimate 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). We were told that the clinician recorded in the patient record that a chaperone had been used. Signs advising patients of the chaperone service were not displayed in the waiting room or consultation rooms.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw some evidence that action was taken to address any improvements identified as a result. However during the inspection we identified some poor practices with regard to infection prevention and control. For example, it was noted that a sharps bin in one of the consulting rooms was overfilled, and was unsigned and undated.

## Are services safe?

and was being stored at low level on a desk top. This posed a risk to both patients and clinicians. The issue of poor storage had been identified by the newly appointed practice nurse and we were told that wall brackets had been ordered for the sharps bins. In addition the curtains in consultation rooms had not been changed since 2014, however they were found to be in a clean condition.

- 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. The practice also had a pharmacist who worked within the practice as part of a Wakefield Vanguard programme.
- Blank prescription forms and 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 (PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions). In addition the health care assistant was trained to administer vaccines and medicines against Patient Specific Directions (a PSD is a written instruction, signed by a prescriber eg a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis). We saw that these had been correctly authorised and were in date.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the personnel records did not contain information with regard to the proof of identity and the full immunity status of staff. We raised this with the practice who told us that they would take action to resolve this.
- During the inspection it was identified that staff experienced difficulty in accessing information from the practice IT system in relation to policies and personnel

records. The practice manager informed us that they were currently working on improving this. In addition the practice was also in the process of reviewing and updating a number of policies and procedures. These included those in relation to recruitment and induction.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments, carried out fire drills and had appointed fire marshals. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella assessment was due for review in February 2015.
- 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. Over the past eighteen months the practice had struggled with regard to staffing due to retirements of key members of staff and the inability to immediately replace these posts. As a result the practice had relied heavily on the services of locum GPs and agency nurses. Recently however, the practice had been successful in attracting and recruiting new staff and had appointed a salaried GP, practice nurse and practice manager and we were told that another appointment of a salaried GP was pending. These past staffing pressures had had a negative impact on the frequency of staff meetings within the practice. These retirements had also meant that the practice had restructured and had moved from being a partnership to a practice being operated by an individual GP.
- Due to the high past usage of locums the practice had introduced a locum checklist.

### Arrangements to deal with emergencies and major incidents



## Are services safe?

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. A first aid kit and accident book were available.

- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs, in addition guidance was also cascaded to staff via emails.

### 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 the practice had achieved 82% of the total number of points available with exception reporting of 8%. (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).

The practice was an outlier for a number of QOF (or other national) clinical targets. Data from 2014/2015 showed:

- The practice showed a large variation from the national average in relation to the number of antibacterial prescription items prescribed at 0.4 Specific Therapeutic group Age-sex related Prescribing Units compared to an England average of 0.3.
- 58% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months compared to the CCG average of 89% and the England average of 88%.
- 72% of women aged 25 to 64 years had received a cervical screening test in the preceding five years compared to a CCG average of 83% and the England average of 82%.

- 68% of patients with chronic obstructive pulmonary disease (COPD) had received a review which included an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months compared to a CCG average of 88% and the England average of 90%.

The practice did show some areas of performance which were above the local and national averages. For example, 81% of patients diagnosed with asthma had received an asthma review in the previous 12 months compared to a CCG average of 77% and the England average of 75%.

We discussed the low level of QOF performance and in particular the performance in relation to long term conditions. The practice told us that over this period of time that they had experienced severe staffing and capacity issues due to the retirement of key members of the practice team which included an established partner and support staff. This had led to a subsequent restructuring and the practice had moved from being a partnership to being operated by an individual GP, this period also saw the need to utilise agency staff for an extended period of time. However, prior to the inspection the practice had been successful in recruiting additional permanent staff and it was felt that by the practice that this would have a positive impact on future performance.

There was limited evidence of quality improvement via clinical audit.

- There had been only one single cycle clinical audit completed in the last two years which covered the management of chronic heart failure in primary care. We did not see any evidence that the practice had implemented recommendations within the audit or that care and patient outcomes had improved as a result.

### 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, staff involved in vaccinations and immunisations received update training.

# Are services effective?

## (for example, treatment is effective)

- Staff delivering the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals and meetings. However, when we examined the appraisals in place within the practice they were very limited in depth and were more in the line of a self-assessment rather than a performance based discussion and assessment. Staff had received an appraisal within the last 12 months. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- 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.

### 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 and utilised online-referrals to achieve this. The practice was able to share and access patient information with other healthcare providers, such as district nurses via the common IT system, and the practice shared details of patients who were approaching the end of life with the out of hours service provider.
- The practice offered online-consultations with secondary care specialist consultants (an online-consultation is a mechanism that enables primary care providers such as GPs to obtain specialists' inputs into a patient's care treatment without requiring the patient to go to a face-to-face visit by using IT based communication links and data sharing). In addition the practice used electronic referrals.

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. Meetings took place with other health care professionals including district nurses and palliative care nurses on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice also used the Electronic Palliative Care Co-ordination System (EPaCCS); this provided a shared locality record for health and social care professionals which allowed rapid access across care boundaries to key information about an individual.

### 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. However, we did not see evidence that the lead GP had received training in the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards (these are a set of checks that aims to make sure that any care that restricts a person's liberty is both appropriate and in their best interests).

When providing care and treatment for children and young people, we were told that staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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
- who required healthy lifestyle advice, such as in relation to diet and weight management and alcohol reduction

The practice's uptake for the cervical screening programme was 72%, which was below the CCG average of 83% and the national average of 82%. There were failsafe systems in

## Are services effective?

(for example, treatment is effective)

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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% (CCG averages ranged from 95% to 98%) and for five year olds from 91% to 100% (CCG averages ranged from 92% to 97%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40 to 74, health checks for those aged over 75 and those with a learning disability. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

The majority of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two comment cards raised issues with regard to appointments, staff not giving them enough time and continuity of care.

The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average and national average of 89%
- 77% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%
- 78% 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%
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%

- 85% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%

We spoke with the practice regarding the below average satisfaction scores. They said that they felt that this was due to the severe staffing and recruitment issues they had faced in 2015 and 2016. Since this time the practice has been able to recruit additional GP and nursing staff and felt that this would allow them to improve their satisfaction scores going forward in time.

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

Patients on the day of inspection told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the majority of the 14 comment cards we received was also positive and generally aligned with these views.

Results from the national GP patient survey showed the practice performed generally below local and national averages to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%
- 72% 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%
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% 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.
- Information leaflets were available in the waiting room and some were available in easy read formats.

## Are services caring?

- The practice had a hearing loop available to assist those with a hearing impairment.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement the practice was open to give them any support they felt was necessary. The practice was also able to provide a written guide outlining bereavement support.

# 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 late evening opening on a Thursday from 6.30pm to 8pm.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a range of nurse led clinics which included those in respect to:
  - Asthma
  - Diabetes
  - Hypertension
  - Coronary Heart Disease
  - Family planning
  - Baby immunisations
- The practice had recently introduced a weekly young person's clinic to meet the needs of this specific patient group. In addition the practice was working toward achievement of Young People Friendly accreditation.
- The practice supported patients in four nursing and care homes, and had developed care plans and carried out medication reviews in relation to these patients.
- Online appointment booking and repeat prescription ordering was available to practice patients.
- The practice participated in a local Wakefield Vanguard programme (Vanguard programmes seek to develop new care models which support the improvement and integration of services) and via this was able to access the services of a dedicated pharmacist. The practice used this additional resource for activities such as carrying out medication reviews and dealing with queries with regards to medicines.

- The practice hosted an alcohol and drug abuse clinic which was provided by external health care professionals.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered on a Thursday evening from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The practice also participated in a local extended hours/ out of hours service, Trinity Care, which operated across the local network. Patients could call the service on weekdays 8am to 8pm and on weekends and bank holidays 9am to 3pm. Calls were triaged and an appointment made with a doctor should this be necessary.

Results from the national GP patient survey showed mixed patient satisfaction with how they could access care and treatment.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%

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

The practice had a system in place whereby a GP assessed:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a 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.

## Are services responsive to people's needs? (for example, to feedback?)

- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a poster was displayed in the waiting room and information was contained in the practice leaflet which explained the complaints process.

We looked at one complaint that the practice had received in the last 12 months and found that it had been handled in a satisfactory and timely manner and that learning and improvements had been made as a result. Complaints were not discussed at practice meetings, however the practice planned to introduce this when the full complement of new staff were in post.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had experienced a challenging period of time during 2015 and 2016 due to organisational restructuring, and staffing and recruitment issues. As a result of this the practice had not developed a detailed strategy, but had in place a number of underlying policies and standard operating procedures. The practice told us that with the recent new appointments that they intended to develop a sustainable strategy to drive forward their business plans. The practice did have a clear vision and ethos to deliver high quality care and promote good outcomes for patients and this was corroborated by staff within the practice.

### Governance arrangements

The practice had a governance framework which supported the delivery of 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 had been developed.

However, there were issues highlighted during the inspection which indicated that governance arrangements required improvement. For example:

- The medicines alert process had lapsed and recent alerts had not been monitored or actioned.
- There was inconsistent recording of significant events.
- Quality improvement activity was limited.
- There were deficiencies in record keeping in recruitment files.
- Some poor practices were evident with regard to infection prevention and control.
- Team/practice meetings were not being held frequently.
- Staff had difficulties accessing files on the shared drive.

### Leadership and culture

On the day of inspection the practice told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP and practice manager were approachable and took the time to listen to all members of staff.

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

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

There was a leadership structure in place and staff told us that they felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

### 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 three to four month basis with the last meeting being in June 2016. The PPG submitted proposals for improvements to the practice management team. For example, they had made a recent suggestion that the practice should develop better links with the local community. As a result of this the practice manager had made contact with a local community centre and was looking at how the two organisations could work together to improve health, care and wellbeing in the local area.
- The practice had gathered feedback from staff through annual staff appraisals and staff meetings. It was noted though that the appraisal process was limited in depth

# Are services well-led?

Requires improvement 

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

and that staff meetings in the past were infrequently held due to staffing pressures. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

At the time of inspection there was limited evidence that the practice had a focus on continuous learning and improvement at all levels as evidenced for example by the

limited approach to clinical audit. However, with the recruitment of new staff the practice had begun to engage more effectively with others and participate in improvement programmes. For example the practice:

- Participated in a Wakefield Vanguard programme.
- Worked with network partners as a member of Trinity Care, which gave patients access to extended hours care.
- The practice worked closely with the CCG's medicines optimisation team to improve prescribing performance.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to ensure the proper and safe management of medicines. The process of monitoring and acting on medicines alerts had lapsed and they could therefore not ensure the safe care and treatment of patients.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance</b></p> <p>The practice did not ensure there were effective systems in place to assess, monitor and improve the quality and safety of services provided. Quality improvement activity was limited and the systems in place to keep patients and staff safe were not always effective. For example:</p> <ul style="list-style-type: none"><li>• The medicines alert process had lapsed and recent alerts had not been monitored or actioned.</li><li>• There was inconsistent recording of significant events.</li><li>• Clinical audit activity was limited.</li><li>• Areas of infection prevention and control needed improvement.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Staff had difficulties accessing files on the shared drive.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.