

Health1000 Limited

# The Wellness Practice

## Inspection report

King George Hospital  
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### Overall summary

We carried out an announced comprehensive inspection on 17 January 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Health 1000: The Wellness Practice is a primary care practice providing joined up health and social care services to complex care patients living within the London Boroughs of Barking and Dagenham, Havering and Redbridge. Health 1000 also provides services to four nursing homes within the boroughs.

The practice which is located within King George Hospital in Ilford, Essex, provides a 'one-stop' practice for people with complex health needs. Complex health needs are defined as having five or more long term conditions, such as, high blood pressure, diabetes, dementia, coronary heart disease and chronic obstructive pulmonary disease (COPD).

The service is a GP led service, which is comprised of a multi-disciplinary team of NHS healthcare professional who work together in the practice to give patients a holistic approach to the provision of healthcare. The fluid multi-disciplinary team includes GP's, specialist doctors, nurses, social workers, key workers, care navigators, practice manager, pharmacist, occupational therapists, physiotherapists and reception staff.

# Summary of findings

Twenty people provided feedback about the service which indicated patients were treated with kindness, respect and compassion. Staff were described as friendly, caring, approachable and professional. Some patients commented how the use of the service had helped them with their individual care needs and described the practice as being clean and tidy.

## **Our key findings were:**

- Staff were aware of current evidence based guidance and carried out a wide range of quality improvement activity to improve patient outcomes.
- Staff had been trained with the skills and knowledge to deliver effective care and treatment. The multi-disciplinary team worked to ensure with each other, external agencies and the patient to deliver a co-ordinated holistic package of care.
- Feedback from patients we spoke to, CQC patient comment cards and service survey results showed patients were very satisfied with their care and treated with compassion, dignity and respect.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they did not have to wait too long to access the service and there was continuity of care.
- The service had good facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the service complied with these requirements.

There were areas where the provider could make improvements and should:

- Review arrangements regarding the calibration of clinical equipment used at the practice.
- Review arrangements to risk assess members of staff undertaking chaperoning duties who do not have a valid DBS check.
- Review how learning following incidents/significant events is shared with all team members.
- Review the process of how safety alerts are acted upon by staff and where (if action is taken) are the actions recorded.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had clearly defined processes and well embedded systems in place to keep patients safe and safeguarded from abuse.
- The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way.
- The provider operated safe and effective recruitment procedures to ensure staff were suitable for their role.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- We observed the premises and equipment to be visibly clean and tidy. There were adequate arrangements in place for the management of infection prevention and control, as well as effective arrangements in place to respond to emergencies and major incidents. However, we noted there was no formal protocol to ensure the regular calibration of clinical equipment.
- The provider had systems in place to support 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.
- There was some evidence of shared learning across the organisation and through dissemination of safety alerts and guidelines. However, the practice could not evidence a record of actions (if any) conducted as a result of the receipt of alerts or guidelines.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- Conversations with staff and supporting evidence provided as part of our inspection demonstrated that the continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring that high quality care was delivered by the service.
- The service carried out assessments and treatment in line with relevant and current evidence based guidance and standards.
- There was a comprehensive and embedded program of quality improvement and audits were used to drive service improvement.
- Key performance indicators were in place for monitoring various aspects of quality including patient satisfaction.
- We saw evidence to demonstrate that the service operated a safe, effective and timely referral process. We also saw that patient consent was sought in line with legislation and guidance as part of this process.
- The process for seeking consent was monitored through patient records audits and we saw evidence of this during our inspection. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

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# Summary of findings

- During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with demonstrated a patient centered approach to their work. In addition, completed CQC comment cards were very positive and indicated that patients were treated with kindness and respect.
- Results of the Friends and Family Tests highlighted positive satisfaction rates with regards to the service provided.
- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

## Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- We found that this service was providing responsive care in accordance with the relevant regulations. The premises were suitable for the service provided. There were facilities in place for people with disabilities and for people with mobility difficulties.
- Patients had a choice of time and day when booking their appointment. Same day appointments as well as home visits were also available.
- The service had a complaints policy in place and information about how to make a complaint was available for patients. We saw that complaints were appropriately investigated and responded to in a timely manner.
- The location of the practice and its multi-disciplinary team facilitated quicker access to a range of hospital services such as blood tests and other specialist services.

## Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Staff we spoke with felt well supported and appropriately trained and experienced to meet their responsibilities.
- We noted consistently high levels of constructive staff engagement and there were high levels of staff satisfaction. During our inspection staff expressed pride in working as part of a multi-disciplined team within the practice providing a holistic approach to care.
- Governance arrangements were actively reviewed and reflected best practice. An annual review of services provided at the practice was present to the Complex Care Board by staff at the practice.
- There were clear staffing structures in place.
- Staff we spoke with during our inspection were aware of their responsibilities as well as the responsibilities of their colleagues and managers.
- There was a focus on continuous learning and improvement at all levels within the service. Staff were encouraged to identify opportunities to improve the service delivered through meetings, day to day discussions and the appraisal process.
- The multi-disciplinary team ensured that the focus of the holistic care provided at the practice centered on what was best for the patient.

# The Wellness Practice

## Detailed findings

### Background to this inspection

We carried out an announced visit to this location on the 17 January 2018.

The visit was led by CQC inspector and included a GP specialist advisor and a practice manager specialist advisor

Before visiting, we reviewed a range of information we hold about the service. During our visit we:

- Spoke with staff (two medical directors, three GPs, one business manager, one practice manager and one reception staff).
- Spoke with patients who used the service.
- Spoke with the chair of the Complex Care Board
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment in use.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

The practice had clear systems to keep patients safe

The practice conducted risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and on-going training. The practice had systems to safeguard vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.

The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). All the GPs and key workers who worked at the practice had been DBS checked.

All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Patients were advised that a chaperone was available if they required one at the beginning of each consultation. Staff who acted as chaperones were trained for the role.

There was a system to manage infection prevention and control. As the practice is located within King George Hospital, we were told that the majority of the infection control responsibilities (including legionella testing) fell under their remit. We observed treatment rooms used by the practice were clean, with compliant flooring and hand washing facilities.

The practice had some processes to ensure that facilities and equipment were safe to use. However, we noted that not all equipment was regularly calibrated. For example, we saw that scales used for weighing patients had not been calibrated. There were systems for safely managing healthcare waste.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety. For example, there were verbal arrangements for planning and monitoring the number and mix of staff needed. Both clinical and non-clinical staff covered for each other during holidays and sickness.

Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

When there were changes to the services provided or staff the practice assessed and monitored the impact on safety for patients.

Files we checked showed that clinical staff working at the practice had medical indemnity insurance in place.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

The inspection team looked at a sample of patient records and found that these had been completed to a satisfactory standard.

The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw that referral letters included all of the necessary information.

## Safe and appropriate use of medicines

There were no medicines held at the practice, with the exception of emergency medicines for use in a medical emergency.

The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment generally minimised risks. We noted on the day of inspection that record keeping regarding regular checking of the practice defibrillator and oxygen was not entirely

# Are services safe?

effective. We noted whilst there was a system to record that checks on these pieces of equipment had been undertaken, there were no dates of when the checks had taken place.

Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## **Lessons learned and improvements made**

There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders

and managers supported them when they did so. For example, we viewed a significant event which highlighted that a member of the clinical team was not completing death certificates for patients correctly. A learning action for training on how to complete these certificates was identified and training had occurred for the member of staff concerned. Of the significant events we viewed, we saw no evidence that the event and any relevant learning had been shared at team meetings.

Patient safety alerts containing safety critical information were received by the administration team and cascaded to relevant clinical staff. However, there was no audit trail kept to verify that someone within the practice had conducted searches on the system based on the alert to see whether the alert affected any patients.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. We saw no evidence of discrimination when making care and treatment decisions.

Patients had regular reviews to check their health and medicines needs were being met. Clinical staff worked with the patient and other health and care professionals to deliver a holistic package of care. Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We viewed meeting minutes, where the practice reviewed their performance, including successes and areas of improvements, both internally as well as with their partners within the wider multi-disciplinary team.

The practice conducted clinical audits, one of which focused on the use of a Nicorandil, a medicine prescribed for persons with angina. The purpose of the audit was to ascertain whether identified patients had been prescribed this medicine in accordance with national guidelines, and that patients on this medicine were in compliance with instructions for its use. As result of the audit, all doctors at the practice with patients on this medicine have been advised to continue monitoring of patients for potential recognised side effects associated with the medicine.

On the day of inspection, clinical staff told us that plans to conduct another full cycle clinical audit were in place before the practice contract terminates in 2019. The provider had also conducted non-clinical audits which included medicines waste and the nature of weekend calls to the service.

### Effective staffing

The practice understood the learning needs of staff and provided protected time and training to meet them. Arrangements were in place and implemented to ensure the professional revalidation of medical and nursing staff.

The practice kept records of skills, qualifications and training of all staff. Staff were encouraged and given opportunities to develop. The learning needs of staff were identified through a system of appraisals, meetings and reviews of developmental needs.

All staff had received infection control and basic life support training, but not all staff had received health and safety training. Staff had also received information governance and confidentiality training.

### Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment. We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering effective personalised care and treatment for patients.

Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

### Supporting patients to live healthier lives

Staff encouraged and supported patients to be involved in monitoring and managing their health. In addition, staff discussed changes to care or treatment with patients and their carers as necessary.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance. Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

Clinicians supported patients to make decisions about their care. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. We spoke with a member of the clinical staff regarding what they would do to gain consent from a patient before commencing a treatment such as administering a vaccine.



# Are services effective?

(for example, treatment is effective)

We were told by this member of staff what they would do to satisfy themselves that the person they were about to give treatment to understood what was going to occur following their discussion.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

During our inspection we observed that members of staff were courteous and helpful, and treated patients with kindness and respect.

Staff we spoke with demonstrated a patient centred approach to their work, which included taking account of patient's personal and social needs. In doing so, the practice was able to give patients time and support, and provide them with relevant information.

All 16 of the patient Care Quality Commission comment cards we received were positive about the service experienced. Comments received said the service and staff was fantastic and first-class. The practice gathered feedback about the services provided by running the NHS Friends and Family Test (FFT) annually, as well as soliciting verbal feedback from patients. Analysis of the results of the last test conducted in July 2017 revealed that the majority of patients at the practice would recommend the practice.

### **Involvement in decisions about care and treatment**

We were told by three patients that we spoke with that staff actively encouraged patients be involved in decisions about their care. Staff helped patients and their carers find further information and access community services. Due to the multi-disciplinary team at the practice, patients were able to access other required community services with minimal delays.

### **Privacy and Dignity**

The practice recognised the importance of and respected patients' privacy, dignity and respect. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice complied with the Data Protection Act 1998. Staff at the practice told us that all computers were locked and access cards removed when they were not working at a computer terminal. All paper containing sensitive information was stored in secure lockable cabinets.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Due to the specific group of patients at the Wellness Practice, clinical services were tailored in response to those needs. Appointments for patients 30 minutes as a minimum due to the complexities of patient conditions. Same day emergency appointments were available and these could be obtained by calling the practice. The emergency appointments also included home visits.

The practice was open between 8am and 6pm, Monday-Friday. Clinical sessions ran between 8:30am and 12pm, and then between 1pm and 6pm.

The practice was able to arrange transport (if requested) for patients who were travelling to the practice. Home visits were also available to patients who needed one.

The location of the practice in King George Hospital meant that clinicians were able to refer patients swiftly to the relevant hospital department if a specific test or service (for example x-rays) was required.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Information about how to make a complaint or raise concerns was available and it was easy to do, however there was no signage on display at the practice reception advising patients what to do should they wish to.

The complaint policy and procedures were in line with recognised guidance. Eight complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.

The practice learned lessons from individual concerns and as a result helped to improve the quality of care provided. For example, we viewed a complaint from a patient who had received the same vaccination twice. The practice manager acknowledged receipt of the complaint to the complainant. An investigation was then conducted to ascertain how the patient received the same vaccination twice. After the full details of how this event occurred had been verified, the practice contacted the complainant to explain that as the practice did not access to all the patient's clinical records held by other establishments, they were unable to verify whether the patient had previously received the vaccination.

The practice offered their apologies and sought to alleviate the patients' concerns by confirming there was no risk to their health through receiving the vaccine twice.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability

The work of the practice was overseen by two directors (including one consultant director) and a Complex Care board with an independent chairperson. The directors had operational responsibility as well as strategic responsibility along with members of the board. These responsibilities included strategy plans, monitoring group performance, and identifying and putting plans in to manage risk.

At a local level, we found there was a clear leadership and a staffing structure. Staff were aware of their roles and responsibilities and the limitations of these. Clinical and administrative leads were visible at the practice. Staff told us that they had frequent contact with and access to relevant leads.

### Vision and strategy

The organisation had a clear set of values and behaviours which were filtered through to all staff at the practice. Staff we spoke to during the inspection demonstrated that they promoted the organisational

values in their working roles. These values included being reliable, patient-focused, responsible and caring.

A practice strategy was in place and this was monitored by the Complex Care board. We viewed learning update papers, submitted to the board by the practice, which looked at progress on the strategy by Health 1000.

The practice was working towards creating a culture of excellence by working in partnership with a range of social and healthcare providers targeting care for those with complex care needs within the clinical commissioning groups of Barking and Dagenham, Havering and Redbridge. It was unique service available to patients within Barking and Dagenham, Havering and Redbridge who fitted the criteria of having five or more long term conditions.

### Culture

On the day of inspection the independent chair of the board, directors, and other leaders and managers demonstrated they prioritised safe, high quality and compassionate care. Staff told us leaders and managers

were approachable and always took the time to listen to all members of staff. There were positive relationships between the clinical and administrative teams. Staff received regular annual appraisals.

The practice focused not only on the physical needs but also on the social needs of patients. The practice looked very much at the holistic needs of patients as key to maintaining health needs. As part of a presentation given to the inspection team, we told how the work of the practice empowered patients to achieve personal goals and saw evidence of this through personal testimonies from patients at the practice.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

### Governance arrangements

Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Practice specific policies were in place and implemented clearly catalogued and available to all staff via the shared drive. The business manager and the practice manager were responsible for ensuring that policies were reviewed regularly.

There was a clear staffing structure and staff were aware of their own roles and responsibilities.

### Managing risks, issues and performance

There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions, and the performance of key workers through the work they did with patients and internal and externally stakeholders.

There were bi-monthly submissions to the Complex Care Board which identified areas of risk which the practice had identified, along with possible solutions to mitigate the identified risk.

### Appropriate and accurate information

# Are services well-led?

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

We saw that the practice used information technology systems to monitor and improve the quality of care. Quality and operational information was used to ensure and improve performance and performance information was combined with the views of patients.

The practice spoke to us about how the slow movement of patient medical information between teams, and the lack of the various databases used within the practice by the multi-disciplinary team being able to communicate with each other, as providing a barrier to smarter ways of working. The practice were able to talk to us about how they were able to access required information in a timely fashion, but that they were aware that if the service was not going to cease on 2019, that finding solutions to facilitate a possible one-stop access to patient records across the multi-disciplinary team would remain as high strategic priority.

## **Engagement with patients, the public, staff and external partners**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services. Due to the unique service the practice provided, there was no patient participation group; however, the practice regularly contacted patients to gain their views on the service which they provided. We spoke with three patients on the day of inspection who told us the practice provided excellent services with compassion and care, which was tailored to meet the needs of individual patients. Patients were encouraged to be active in the decision of choosing the models of care which was best suited to address their needs.

The practice had good relationships with external partners and this tied in with the aims of the practice to deliver care

which looked at health and wellbeing as a whole. For example, the practice worked very closely with Age UK to deliver a targeted programme of care for a number of patients. We were told (and saw through viewing case studies) that having a multi-disciplinary team at the Wellness Practice allowed for greater shared decision making and improves outcomes for patients.

## **Continuous improvement and innovation.**

Care provided by the Health 1000 team at the practice was delivered in a different way to traditional methods of care delivered by GP practices. The models of care employed at the practice had been drawn from best practice identified in the fields of clinical and social care. The multi-disciplinary team employed at the practice provided an innovative approach to delivering care which focused not only on patients' medical needs but also on their social needs. In doing so, the practice was able to take a holistic approach to providing care in conjunction with relevant partners such as Age UK as well as the patient.

We saw evidence through case studies how this innovative approach to care benefited patients. For example, we viewed as case study of a patient (who through being a patient at the practice) has been re-housed to a property which has been adapted to take account of their disabilities and was nearer to family members. Through the interaction with local housing department, the multi-disciplinary team at The Wellness Practice was able to help progress this patient's housing application quickly as they were able to communicate clearly the need for a change in accommodation due to the physical limitations of patient. The intervention by the practice ensured that the patient achieved better outcomes physically, emotionally and socially.