

Henmore Health Limited The Surgery

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 24 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

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.

The provider, which is Henmore Health Limited, is registered with the Care Quality Commission (CQC) to provide services at The Surgery, Clifton Road, Ashbourne, Derbyshire, DE6 1RR. There is also a branch site at Wolverhampton, we did not visit the branch site as part of this inspection.

Henmore Health Limited provides community-based mental health services and private GP services. Henmore Health Limited is wholly owned by the partners and practice manager of Drs Broom and Partners and operates out of the same building. As a service it directly employs clinicians and a business manager but also draws on the staff of Drs Broom and Partners for administrative and reception support.

Services have been provided to patients since 2017. It is registered with the CQC to provide four regulated activities which are diagnostic and screening services; family planning services; treatment of disease, disorder and injury; and surgical procedures.

The office opening hours are Monday to Friday 8am to 5pm. Clinical sessions are available throughout the week at different times according to the specialty.

Mental health practitioners are available in Wolverhampton on a Monday and at the main site in Ashbourne on a Tuesday and Wednesday. Their appointments are between 8am to 6.30pm.

Private GP appointments total one full session a week for three weeks a month. Times are flexible depending on patient need.

The service currently only takes self-referring, private patients over the age of 18. All clinical sessions are provided within a GP practice. Adequate parking is available for patients at each location.

Henmore Health has a clinical director, who is also the sole GP providing private GP appointments for the service, and two mental health practitioners. They are supported by a practice manager, a business manager and the administrative and reception staff of the host surgery when required.

Summary of findings

The clinical director is the registered manager, and this GP is also one of the four directors of Henmore Health Limited. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service provided prompt and easy access to the services it provided for patients.
- We received eight CQC comment cards from patients about this service. The patients' responses were entirely positive about their experiences at the service. Comments indicated the service was highly valued by patients who had received treatments, that patients felt staff were very friendly and courteous, they felt listened to and their questions were answered in a way which was easy to understand, as well as being treated with dignity and respect.
- Directors and managers spoke with passion about the service and their commitment to deliver a service to meet the needs of their patients. There was a clear vision to ensure patients left their appointment better than they arrived at every stage of their treatment.
- Patients making informed decisions was key to the way in which the service provided private treatments and every effort was made to ensure appointments represented value and would have a positive effect on the patient.
- The service provided mental health treatment to 12 patients referred from The Bridge charity, free of charge, to assist in the recovery of former servicemen and women.
- There was effective management of significant events. The service had a low threshold to record incidents to ensure everything was captured and learning opportunities maximised.
- The clinical staff used evidence-based guidance to ensure appropriate and effective treatment and advice was given to patients.
- Staff told us there was an open and inclusive culture of management and felt their views were listened to.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

The Surgery

Detailed findings

Background to this inspection

The following inspection was carried out on 24 September 2018. Our inspection team was led by a CQC Lead Inspector and was supported by a GP Specialist Advisor. Prior to the inspection, we had asked for information from the provider regarding the service they provide.

During our visit we:

- Spoke with the practice manager and the clinical lead.
- Reviewed the patient journey to the provider and how they were managed after consultations.
- Reviewed eight CQC comment cards where patients and members of the public shared their views and experiences of the service.

- Reviewed patient feedback from surveys and other patient feedback mechanisms.
- Observed the manner in which staff interacted with patients.
- Reviewed documents and systems.

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

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

Safety systems and processes

- There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff had received training appropriate to their role and all staff understood their responsibilities. Safeguarding procedures were documented, guidance was kept up to date with local contact numbers. To ensure patients from out of area received relevant safeguarding support, managers had an application on their phones which listed the most current leads across England. Staff were aware of the clinic's safeguarding lead.
- There were chaperones available and notices were in the waiting room and consultation rooms. Chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check in line with the provider's policy for all staff. 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.
- There were effective recruitment procedures which ensured checks were carried out on permanent and sessional staff members' identity, past conduct (through references) and, for clinical staff, qualifications and registration with the appropriate professional body.
- We observed the clinic to be clean and there were arrangements to prevent and control the spread of infections.
- The service rented rooms from the GP practice for their clinics. They had access to appropriate risk assessments and liaised with the practice management team for assurance on systems in place to monitor safety of the premises such as infection control audits, fire safety, and Legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- Staff had an application on their mobile phones which they activated at the beginning of a session and this updated their location. If they had an emergency, they would press a button and all staff would be alerted to

where the emergency was and who was in need of assistance. This had been successfully tested once deployed and was found to be very effective, especially for those doing home visits.

- Equipment was tested and calibrated (if appropriate) regularly to ensure it was safe and fit for use.

Risks to patients

- Staffing levels were monitored by the office manager and service managers to ensure continuity of the service. There was flexibility within the service to arrange additional capacity to meet demand. However, a limit to the number of appointments the community psychiatric nurses could have per day was in place to ensure they did not work outside of guidelines in place to protect their mental health.
- There was a system in place to manage referrals and test results. The clinical lead had oversight of all correspondence and ensured results and referrals were actioned by a suitable clinician in the absence of the initial clinician being available.
- There were arrangements in place to respond to emergencies and major incidents.
- There was oxygen, a defibrillator, and a supply of emergency medicines. All were checked by the practice via regular checks of expiry dates to make sure they would be effective when required.
- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff.

Information to deliver safe care and treatment

- The patient record system was paper based and were securely stored in an office when not in use to ensure patient information was held securely.
- All records were coded with a four-digit number so there was no patient identifiable information. This ensured confidentiality when records were being processed through administration or finance departments and only the clinicians would be aware of the patient's details, with a log being held by the medical director.
- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Are services safe?

- Patients were able to self-refer to the service but referrals from medical or healthcare professionals were accepted. The referral included details of the patient's relevant medical history.
- Information could be shared with a patient's GP with the patient's consent. This ensured patient safety by providing access to up to date medical information.

Safe and appropriate use of medicines

- From the evidence seen, clinicians prescribed and gave advice on medicines in line with legal requirements and current national guidance.
- The service did not prescribe high-risk medicines.
- Prescriptions were printed on site and patients were able to take them to their pharmacy of choice to be fulfilled. The service did not have access to The Electronic Prescription Service but were hoping that this could be resolved.
- Medicines stocked on the premises were stored appropriately, in date and monitored.

Track record on safety

- There was an effective system in place to report, share, investigate and record incidents. Staff were encouraged to report any concerns as significant events and complete a form to initiate an investigation so all learning and changes could be applied.
- In the previous 12 months there had been three incidents logged. A low threshold to recording incidents had been maintained to ensure everything was captured and learning opportunities maximised. Incidents were investigated and were monitored and signed off by the managers once resolved.
- We saw changes had been implemented as a result of incidents. For example, a patient had received a minor operation on the first floor in a purpose-built treatment room. However, there was a small amount of bleeding, which was controlled. As a result of a review, the treatment room was moved to the ground floor, this was in case an ambulance was required in a worst case

scenario, and would mean less of a transfer from the ground floor to the car park for the patient. Although the patients had been unconcerned they were informed of the changes made as a result of their experience.

- Significant events were discussed at team meetings and we saw minutes to evidence this. Trends were monitored and the outcomes of the significant events were reviewed.
- We saw that when an incident affected a patient, they received updates and responses in a timely manner and we saw evidence that during investigations duty of candour had been applied. The professional duty of candour ensures staff working for the provider, were open and honest with patients when something went wrong with their treatment or care which causes, or had the potential to cause, harm or distress.
- A system was in place to receive safety alerts from organisations, such as the Medicines and Healthcare Products Regulatory Agency (MHRA), and we saw evidence that the necessary action had been taken. The provider did not maintain a log of all alerts and the actions taken, as the number relevant to the service was very small. However, following the inspection the provider has put in place a system to ensure evidence of their compliance is logged.

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the duty of candour, and supported staff to be open and honest with patients and apologise. The provider encouraged a culture of openness and honesty. The service had effective systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- We saw that the service gave affected people reasonable support, truthful information and a verbal and written apology.
- Verbal interactions were documented, as well as written correspondence being kept as part of the investigation.

Are services effective?

(for example, treatment is effective)

Our findings

We found the service was providing effective care in line with the regulations.

Effective needs assessment, care and treatment

Patients' needs were assessed and care was delivered in line with relevant and current evidence-based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence-based practice. When a patient needed referring elsewhere for further examination, tests or treatments they were usually referred back to the patient's own GP.

Monitoring care and treatment

We saw evidence to show some audits were being completed within the service, these included record audits and minor surgery audits.

For example, we saw that an audit from March 2018 had been completed to show the effectiveness of Eye Movement Desensitisation Reprocessing (EMDR) in the patients who had undergone this treatment. EMDR therapy uses bilateral stimulation, right/left eye movement, or tactile stimulation, or sound, which repeatedly activates the opposite sides of the brain releasing emotional experiences that are "trapped" in the nervous system. This was undertaken using a psychometric test on admission and discharge from the service (Psychometric tests or psychological tests consist of a number of formalized tests that tap nearly every domain of psychological, personality, emotional, behavioural, and cognitive functioning). The audit demonstrated that of the 24 patients included within the audit, all had received a positive outcome from the treatment. There were plans to repeat the audit in the future.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The service understood the learning needs of staff and provided staff with protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop in all roles.

- The service provided staff with ongoing support. This included an induction process, and shadowing a colleague for new starters. Staff meetings encouraged team discussions and kept team members up to date.
- The service was looking at increasing the number of CPNs through recruitment and training to enable them to deliver the same high-quality care and techniques currently practiced by staff.
- Due to the small size of the team, the managers and administrative staff mostly had dual roles, and covered all aspects of the business during absence.

Coordinating patient care and information sharing

- When patients attended the clinic, their GP could be informed of any outcomes or tests completed at the clinic. This did require a patient's prior consent and the therapy delivered by the service would remain confidential without this.
- Any private GP appointment required the consent of the patient to share information with the patient's registered GP if a prescription was to be issued. Liaising with the patient's own GP ensured patient safety and confirmed both the medical and medicine history of the patient.
- Medical tests, such as blood tests, were conducted on site and sent to an external laboratory for processing. There was a system in place to ensure test results were reviewed promptly.
- Patients completed a psychometric test on admission and on discharge to gauge the effectiveness of the treatment and how often follow up appointments were required.

Supporting patients to live healthier lives

- Health promotion was considered central to the role of clinicians working within the service.
- The service supported patients to live healthier lives by providing information specific to their needs.
- Healthy lifestyles such as smoking cessation and weight management, and access to mental health support, were promoted using leaflets and information in the practice waiting room.

Consent to care and treatment

- Clinicians understood and sought patients' consent to care and treatment in line with legislation and guidance. Clinicians were aware of their requirements under the Mental Capacity Act 2005.

Are services caring?

Our findings

We found the service was providing caring services in line with the regulations.

Kindness, respect and compassion

- We observed that members of staff were courteous and treated people with dignity and respect.
- All of the feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete over the two-week period prior to the inspection visit. We received eight completed comment cards all of which were positive and indicated that patients were treated with professionalism, kindness and respect. Comments included that patients felt staff were very friendly and courteous, they felt listened to and their questions were answered in a way which was easy to understand and compassionate.

Some feedback emphasised how life changing the treatment had been with patients feeling they had been given their lives back and been able to rebuild relationships with friends and family.

- All patients were asked for feedback after a consultation via a satisfaction survey, and reports were collated to view patients' satisfaction and feedback. All comments were read to ensure any trends were noted enabling staff to make improvements where possible. However, the feedback had been so positive, with little or no constructive feedback, the service was redesigning the survey to develop areas for improvement from patients rather than positive feedback.
- Staff we spoke with demonstrated a whole team approach to patient centred care and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

- We saw evidence of CPNs (A CPN is a qualified mental health nurse who works outside of hospitals), the clinical lead, and the service managers going the extra mile to ensure care was delivered in the most convenient way for the patients. For example, clinicians had reviewed patients in their own homes, to see if therapy sessions would be appropriate for their condition, as they were unable to travel to the practice where the consultations were taking place. For example, there had been a patient suffering with agoraphobia (agoraphobia is a fear of being in situations where escape might be difficult or that help wouldn't be available if things go wrong) who, through sessions delivered in their home, had been able to leave their home and engage in more aspects of their life.

Involvement in decisions about care and treatment

- The service had a process to communicate with patients who did not speak English as their first language, with access to a telephone translation service when required. However, this was not an issue which had arisen for the service at the time of our inspection.
- There was a hearing loop available within the GP practices used by Henmore Health Limited.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The service had systems in place to facilitate compliance with data protection legislation and best practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- The service offered patients a choice in where to go for their appointment, they could be seen at the main site or in the branch at Northampton. Under certain circumstances home visits could be organised, however this was following an initial assessment to ensure it was appropriate.
- The service would provide therapy to approximately 30 patients at any point to ensure regular sessions were available and the CPNs were able to manage their workload to a high standard.
- Appointments with mental health practitioners were either 60, 90, or 120 minutes in length. The service had found that 120 minutes was the most cost effective overall as it reduced the time to discharge, however it was down to the patient to choose their preference.
- The service operated a flexible and efficient GP service to patients who wanted to be seen earlier than was available in their GP practice or for medicals such as for drivers of heavy goods vehicles.
- GP appointments were 15 minutes in length although there was flexibility depending on the patient's needs.
- If a patient was receiving a private GP appointment and it was felt their consultation could be done by their own NHS GP in a 'free at the point of access' consultation they would be made aware so they could make an informed choice.
- For patients who had previously had a stroke, the light bar system used in EMDR therapy was not appropriate due to the flashing lights. As a result, the service had invested in a system which used vibration instead to ensure all patients were able to undergo this treatment if appropriate.
- All first appointments with mental health practitioners had an assessment consultation which gave the patient an opportunity to meet the CPNs and the clinicians the opportunity to ensure the therapy was appropriate and establish a bond. This allowed the first paid session to be productive from the outset. In addition, prior to the first session, there was a 20-minute phone call, with the relevant mental health practitioner, to review the goals and further develop a working relationship. The service had introduced this as it reduced the number of patients who did not attend their first consultation due to anxiety and meant the first session could begin straight away.
- The service provided mental health treatment to 12 patients referred through The Bridge charity, free of charge, to assist in the recovery of former servicemen and women.
- There was a lift to the first floor where a majority of appointments were conducted so patients with battle injuries and those less mobile could access the rooms.
- There was a new website in development at the time of inspection which would clearly set out the services provided and include more information on the staff than the initial one set up when the provider began operating.
- There was an emphasis on continuity and wherever possible the patient would see the same clinician for each appointment. The mental health practitioners would only swap or assist each other if one of their specialisms would benefit the patient.
- We observed that patient letters included details of what the patient should expect on their attendance and who they would see.
- All costs were upfront and transparent to the patient so they could make an informed choice, with payment made prior to the appointment.
- The provider had made a decision to have a standard hourly rate for the therapy sessions, so cost was not a factor in the patient's choice for the most appropriate type of therapy.
- Facilities were well presented and appropriate for the services delivered.

Timely access to the service

- Patients self-referred to the service, GP appointments were allocated on patient convenience and clinical availability. The service aimed to have consultations with mental health practitioners booked within two weeks, during which time the assessment consultation and pre-appointment telephone call would generally take place.
- If patients were not appropriate for the service then suitable alternatives, with other providers, would be offered.
- The average time to discharge, for mental health patients, was three months.

Are services responsive to people's needs?

(for example, to feedback?)

- Longer appointments were available when patients needed them.

Listening and learning from concerns and complaints

- The provider encouraged and sought patient feedback following every visit.
- Information about how to complain was readily available in the waiting room or on patient literature and the service website was under development.
- There had been no complaints in the previous 12 months.
- The provider told us any relevant learning from complaints would be shared with staff and any changes that were identified would be implemented.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

The directors (including the registered manager), in conjunction with the office manager, had the capacity and skills to deliver high quality, sustainable care.

- The team had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They had an emphasis on quality and governance within the service and prioritised a positive patient experience through a team approach. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.
- Leaders, and staff, demonstrated a high level of ownership and pride in the service being delivered.

Vision and strategy

The service was developed to provide clinical and educational support to patients in matters pertaining to their mental and physical health in a non-judgemental and professional way. This was done through meeting the core requirements of the patient and their families, to promote recovery and maintain health.

Staff were aware of and understood the vision and values and their role in achieving them.

Culture

The service had a culture of helping people to access local care to promote healthy lives through a friendly and helpful team approach.

- Staff we spoke to said they felt supported by management and respected as part of the team.
- There was a focus on delivering high quality patient care in a professional and convenient manner.
- There was a low turnover of staff, indicating that team members enjoyed their role for Henmore Health.
- If required, the clinical director or office manager would act on behaviour and performance inconsistent with the vision and values, and developed and supported staff to deliver them appropriately.

- Openness, honesty and transparency were demonstrated when responding to incidents. The sharing of outcomes ensured lessons were learned and patients benefited. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were encouraged to raise concerns and felt they would be addressed.
- The service had identified the difficulty in recruiting staff of the same qualification to those working within the service. To ensure there was not a reduction in the quality of care delivered managers had begun devising a training position to help new staff to develop skills and competence to the level of current staff.
- All staff were considered valued members of the team. They were given protected time for administrative duties and professional development, as well as time to present to organisations about mental health.
- Henmore Health had been awarded the Silver Award from the Armed Forces Covenant as recognition to the reservists they employ and the support the service gives to those who serve or have served in the Armed Forces.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management.

- There were processes and systems to support the governance of the service.
- There was an open and efficient way of managing risk and governance.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

There were clear and effective processes for managing risks, incidents and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Input was provided to multi-disciplinary discussions as and when required.
- Regular checks and reviews were undertaken by relevant staff members to ensure risk was highlighted and mitigated where appropriate.
- The service had processes to manage current and future performance.

Are services well-led?

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

- The service had a business continuity plan in place to respond to any major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Monthly meetings reviewed performance and maintained financial oversight with strict procedures for finance management.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service sought the views of patients and staff and used feedback to improve the quality of services.

- We saw that both staff and patient feedback was used to improve services.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The service had a forward-looking approach to providing modern versions of therapy and auditing the effectiveness of the treatments, to ensure it was evidence-based and enable them to prove the benefits to other organisations.
- The service continued to work closely with charities and local organisations to ensure a collaborative approach to mental health care.
- Staff told us that they were encouraged to consider and implement improvements and we saw evidence of changes made as a result.