

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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced, comprehensive inspection of Eastmoor Health Centre on 12 April 2017 and 20 April 2017. We identified three breaches of regulations and issued warning notices for two of the breaches. This

focused inspection carried out on 5 October 2017 was to check whether the provider had taken steps to comply with the legal requirements for these two breaches. The two breaches of regulation we inspected against were for:

- Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

Summary of findings

- Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

This report only covers our findings in relation to these requirements. You can read the report from the last inspection carried out on 12 and 20 April 2017 by selecting the reports link for Eastmoor Health Centre on our website at www.cqc.org.uk

Our key findings were as follows:

- Improvements had been made with respect to patient safety following our last inspection on 12 and 20 April 2017. For example:
 - New processes had been put in place to report and manage significant events and safeguarding concerns.
 - Patient safety and medicines alerts were being received, assessed and when necessary, actioned appropriately.
 - Patients being treated with high risk medications were being effectively monitored.
 - Care planning for patients with long term conditions, and emergency care planning for vulnerable patients was effectively embedded.
 - The practice was working with a number of specialist cancer awareness groups and community groups to improve patient participation in national breast and bowel screening programmes.
- Improvements had been made with regard to effective governance and management within the practice. For example:
 - A programme of clinical audits had been established and carried out. These audits were

used to assess and improve clinical practice. The audits were focused on areas which had been identified as needing to improve during the previous inspections.

- Measures had been put in place to ensure that staff who carried out cytology screening (cervical smears) and travel vaccinations were appropriately trained, and that the quality of this work was assessed to ensure that it was being carried out in accordance with national guidance.
- Clinical meetings were being held on a weekly basis. In addition practice meetings had been established; however this initial improvement had not been sustained as recently practice staff meetings had not been held on a regular basis.

However, there were still some areas of practice where the provider should make and maintain improvements.

The provider should:

- Improve the level and detail of information contained in staff personnel files, to include information with regard to identity checks and staff immunity status.
- Complete the process of reviewing and updating lapsed and out of date policies and procedures, ensuring they are readily accessible to staff.
- Review the areas of low patient satisfaction contained in the national GP patient survey and take steps to improve in these areas.
- Review the frequency of practice staff meetings being held.

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?

We found that the provider had taken steps to address the majority of the concerns we identified at the previous inspection carried out in April 2017. For example:

- New processes had been put in place to report and manage significant events and safeguarding concerns.
- Patient safety and medicines alerts were being received, assessed and when necessary actioned.
- Patients being treated with high risk medications were being effectively monitored.
- The practice maintained appropriate standards of cleanliness and hygiene.
- Fire evacuation drills were now being held on a regular basis and records were kept in relation to this and the weekly fire alarm tests.
- The practice had not updated staff personnel records with respect to proof of identification or immunity status.

Are services effective?

We found that the provider had taken steps to address the concerns we identified at the previous inspection carried out in April 2017. For example:

- A programme of clinical audits had been established and carried out. These audits were used to assess and improve clinical practice.
- Measures had been put in place to ensure that staff whose role was to carry out cytology screening and travel vaccinations were appropriately trained, and that the quality of this work was assessed to ensure that it was being carried out in accordance with national guidance.
- We saw evidence that more extensive and effective care planning was being carried out for patients with long term conditions. In addition the practice had identified and was working to support 14 vulnerable patients they had identified as being at risk of emergency admission to secondary care services.
- The practice had made some significant steps to improve patient participation in the national breast and bowel cancer screening programmes.

Summary of findings

Are services well-led?

We found that the provider had taken steps to address the majority of the concerns we identified at the previous inspections carried out in April 2017. For example:

- Levels of supervision and monitoring of performance had improved within the practice. For example, the lead GP now actively reviewed screening results in relation to cytology.
- Clinical meetings were held weekly and practice meetings were due to be held monthly, although recently the monthly practice level meetings had lapsed. We were told these would be reintroduced.
- Since the last inspection the practice had recruited, and was in the process of establishing, a patient participation group. However, the practice told us that it still needed to take action to analyse and respond to lower than average areas of patient satisfaction highlighted in the National GP patient survey.
- Further progress needed to be made to review all policies and ensure that these were up to date. In addition, work needed to be carried out with regard to storing these on the provider's computer system appropriately and in particular archiving out dated documentation which was no longer to be used.

Summary of findings

What people who use the service say

We did not speak to any patients during this focused inspection.

Areas for improvement

Action the service **SHOULD** take to improve

- Improve the level and detail of information contained in staff personnel files, to include information with regard to identity checks and staff immunity status.
- Complete the process of reviewing and updating lapsed and out of date policies and procedures, ensuring they are readily accessible to staff.
- Review the areas of low patient satisfaction contained in the national GP patient survey and take steps to improve in these areas.
- Review the frequency of practice staff meetings being held.

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 CQC Inspection Manager.

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 approximately 2,650 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

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

Attached to the practice or with the ability to work closely 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 principal GP (male). The clinical team within the practice comprises one salaried GP (male), a long term GP locum (male), agency practice nurses, a phlebotomist/health care assistant (female) and a pharmacist (male). Clinical staff are supported by a practice manager and an administration and reception team.

The practice appointments include:

- Pre-bookable appointments which can be made from four to 12 weeks in advance

Detailed findings

- 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. The rating relating to our most recently inspection is clearly displayed in the practice waiting room, in accordance with our regulatory requirements.

Why we carried out this inspection

We undertook an announced focused follow-up inspection of Eastmoor Health Centre on 5 October 2017. This

inspection was carried out to check whether the provider had taken action to address breaches in relation to legal requirements which had been identified during our inspection carried out on 12 and 20 April 2017. These breaches had resulted in the provider being issued with two warning notices in respect to safe treatment and care and good governance. We inspected the practice against three of the five questions we ask about services: is the service safe, is the service effective, and is the service well-led. This was because the service was not meeting some legal requirements at the time of the previous inspection.

How we carried out this inspection

We carried out an announced inspection on 5 October 2017. We visited the practice at Eastmoor Health Centre in Wakefield, West Yorkshire. As part of the inspection we spoke with the lead GP, practice manager, pharmacist and a member of the administration team. We also received written feedback from staff at the practice. In addition to speaking to staff we looked at records and documents within the practice to assess compliance against the warning notices served on the practice.

Are services safe?

Our findings

During the previous inspections of Eastmoor Health Centre in April 2017 we found that the practice could not demonstrate that all services were being delivered and managed in a safe manner. We identified concerns in relation to risk management systems, some aspects of medicines management, infection prevention and control, and staff not having full access to key information and guidance.

During this focused inspection, carried out on 5 October 2017, we found that improvements had been made to address the majority of these matters. Findings included:

Safe track record and learning

The practice had established a system for reporting and recording significant events.

- Staff told us they would inform the practice manager or GP lead of any incidents and there was a recording form available.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice demonstrated that it carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.
- The practice had begun to monitor trends in significant events.
- Events and incidents were discussed at both clinical meetings held weekly, and monthly practice staff meetings. However, it was noted that some practice staff meetings had recently lapsed. When we discussed this with the practice they told us that the meetings would be reinstated.

Overview of safety systems and processes

The practice had developed and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and other key information and guidance was available accessible to all staff. The policies clearly outlined who to contact

for further guidance if staff had concerns about a patient's welfare. The lead GP acted as the member of staff who managed safeguarding concerns. We saw evidence that the lead GP communicated with health visitors on a regular basis and that key issues and cases had been discussed.

- Staff interviewed on the day of our inspection demonstrated to us that they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The lead GP was trained to child protection or child safeguarding level three. In addition all staff had received awareness training with regard to safeguarding and had also attended PREVENT training (the national strategy to tackle the radicalisation and extremism of young and/or vulnerable people).

The practice maintained appropriate standards of cleanliness and hygiene. The infection prevention and control (IPC) policy had been updated in July 2017. A recent annual IPC audit showed the practice had achieved a compliance score of 95%. We saw evidence that areas of non-compliance had been analysed and appropriate remedial action was being taken.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). Since the last inspection the practice had:

- Introduced a new process for handling medication and patient safety alerts. We saw evidence that recent alerts had been appropriately handled and actioned by the practice.
- Medicines held within the practice were subjected to monthly audits carried out by the health care assistant under the supervision of the lead GP and practice pharmacist.
- Patients in receipt of high risk medication were being effectively monitored and recalled for necessary tests and reviews. We saw that a recent clinical audit showed that the practice showed 100% compliance in recalling patients for tests and reviews.
- Patient Specific Directions (PSDs) and Patient Group Directions (PGDs) had been adopted by the practice to

Are services safe?

allow members of the nursing team to administer medicines in line with legislation (PSDs are written instructions signed by a prescriber eg a doctor for medicines to be supplied/administered to a named patient after the prescriber has assessed the patient of an individual basis. PGDs are documents permitting the supply of prescription only medicines to groups of patients without individual prescriptions).

We had raised previously with the practice the need to have accurate and up to date personnel records for staff. We were informed during the inspection that progress had not been made with this area of work, and that not all records had been updated with respect to identification checks and assessing the immunity status of staff. We were assured by the practice that this would be actioned in the near future.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had held two fire evacuation drills since the last inspection and records were kept in relation to this and the weekly fire alarm tests.

Arrangements to deal with emergencies and major incidents

- Signage within the practice had been reviewed to ensure that storage locations for emergency medicines could be easily identified. Checks were also made to ensure that such medicines were within date and appropriate for use.

Are services effective?

(for example, treatment is effective)

Our findings

During the previous inspection of Eastmoor Health Centre in April 2017 we found that the practice could not demonstrate that all services were being delivered and managed in an effective manner. We identified concerns in relation to service quality and improvement, effective staffing and supervision, and the planning and coordination of patient care.

During this focused inspection, carried out on 5 October 2017, we found that improvements had been made to address these matters. These included:

Management, monitoring and improving outcomes for people

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits completed in the last six months. Of these one linked to medicines management was a two cycle audit where the improvements made were implemented and monitored. Compared to previous clinical audits these were more detailed and comprehensive.
- Findings were used by the practice to improve services and to monitor the effectiveness of services. For example, after having recognised past problems with the monitoring of patients in receipt of high risk medication the practice had developed and implemented a new recall and review system. This system had recently been subject to a clinical audit which showed that 100% of patients in need of monitoring had been identified and offered a recall/review.

Results from the cervical screening programme were actively checked, and staff completing them were monitored and supervised to ensure the quality of the service and the adherence to national screening guidelines.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice ensured that staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The practice had an induction programme for all newly appointed staff and agency 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.
- All staff had access to policies and guidelines which were available on the practice intranet. It was noted that further work was still required to ensure that all policies were reviewed and that additional work needed to be carried out with regard to storing these on the provider's computer system appropriately. This included archiving out-dated documentation which was no longer to be used.

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 IT system.

- This included care and risk assessments, care plans, medical records and investigation and test results. We saw that since the previous inspection the level of care planning had improved. The use of templates to support the development of care plans for patients with long term conditions such as diabetes, asthma and hypertension had increased. In addition the practice had identified and was working to give extra support to 14 vulnerable patients they had identified as being at risk of emergency admission to secondary care services.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support, and signposted them to relevant services. For example, we saw that they had referred overweight patients with diabetes to a dietician to receive weight

Are services effective?

(for example, treatment is effective)

management support and nutritional advice. In addition we saw in the waiting room a large amount of information and literature with regard to local support groups and services for a number of conditions.

We saw evidence that the practice had made some significant steps to improve patient participation in the national breast and bowel cancer screening programmes. For example:

- The practice discussed screening rates at clinical meetings.
- They had sought to actively raise awareness amongst staff that a patient had yet to participate in one or both of the programmes. They had achieved this by placing an icon/marker on the patient record. This reminded the

clinician dealing with the patient on presentation at the practice to raise this with them and to encourage participation. The practice had identified 105 patients who they needed to target in this way.

- Staff had worked with a cancer support group and a local community group to raise awareness.
- Two members of staff and four members of the newly reformed Patient Participation Group had recently volunteered to become cancer health care champions and to use this role to raise the profile of cancer related topics and activities.
- The practice had sourced leaflets and posters promoting the programmes in languages other than English which they used to increase participation amongst non-English speaking patients.

Are services well-led?

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

Our findings

During the previous inspection of Eastmoor Health Centre in April 2017 we found that the practice could not demonstrate that services were being well-led. We identified concerns in relation to governance arrangements, leadership and oversight, acting on feedback and continuous improvement.

During this focused inspection, carried out on 5 October 2017, we found that improvements had been made to address the majority of these matters. Findings included:

Governance arrangements

The practice had improved their governance framework and this supported the delivery of improvements in the quality of care provided. We saw that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities and the roles and responsibilities of others. For example, we were told that the lead GP now took an active role in supervising the operation of the cytology service, and that the practice manager checked with agency staff to ensure that they had the necessary skills and qualifications to carry out their duties effectively.
- Practice specific policies had been developed. Some work was still needed to ensure that these were reviewed regularly and stored in an accessible manner.
- An understanding of the performance of the practice had begun to develop.
- A programme of continuous clinical and internal audit was now being used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

- Clinical meetings were held weekly and practice meetings were due to be held monthly, although recently the monthly practice staff meetings had lapsed. We were told these would be reintroduced.
- Staff told us they felt respected, valued and supported, particularly by the management in the practice.

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

The practice told us that they encouraged and valued feedback from patients and staff. Since the last inspection in April 2017 the practice had recruited and was in the process of establishing a patient participation group. It had in addition to this made some valuable inroads engaging with local residents via a nearby community centre. However, the practice told us that they still needed to take action to analyse and respond to low areas of patient satisfaction highlighted in the National GP patient survey.

Continuous improvement

We saw evidence that the practice had made progress with regard to continuous learning and improvement. For example:

- A programme of effective clinical audits had been carried out, and a forward plan of future audits had been developed based on practice needs.
- The practice had begun to tackle areas of previous underperformance and had begun to proactively identify and work with patients to increase participation in the national breast and bowel cancer screening programmes.