

Eastmoor Health Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement

overall. At a previous inspection carried out on 12 and 20 April 2017 the practice was rated as Inadequate overall. A focused inspection carried out on 5 October 2017 did not assess ratings for the practice and was used to assess compliance against Warning Notices, which had previously been served on the practice in light of identified breaches of regulation. At that inspection, we found the provider had made the improvements required.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those retired and students) – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

We carried out an announced comprehensive inspection at Eastmoor Health Centre on 17 January 2018. This was to check that the practice had taken sufficient action to address a number of significant shortfalls we had identified during our previous inspection of the practice on 12 and 20 April 2017. Following this inspection, the practice was rated as inadequate for providing safe, effective and well-led services; and requires improvement for providing caring and responsive services. Overall it was rated as inadequate. We also issued two warning notices and a requirement notice for breaches of regulations under the Health and Social Care Act 2008 and placed the practice into special measures. A subsequent focused inspection carried out on 5 October 2017 found that the two warning notices had been complied with. The requirement notice was considered complied with at this inspection.

At the time of this inspection the practice was in a transition period as the current provider was in the

Summary of findings

process of retiring from the practice. They were working closely with a potential new provider to ensure continuity of service for patients and staff at Eastmoor Health Centre.

At this inspection we found:

- The practice had made some improvements since the last comprehensive inspection in April 2017. We saw that remedial actions which included those in relation to the management of patient safety and medicines alerts, infection prevention and control and quality improvement activity had been actioned and sustained.
- However we saw that the significant event process was being applied inconsistently and that the management of medicines still required improvement. These were areas of work which had previously been highlighted to the practice and had improved at the focused inspection in October 2017.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Team meetings had not taken place for a period of three months and annual appraisals for six members of staff had not been completed.
- The practice had a comprehensive, pre-planned programme of quality improvement activity.
- The practice was generally below local and national averages for its satisfaction scores on consultations with GPs and nurses.
- Some staff personnel records were incomplete and lacked detail with regard to induction received, checks on identity and verifying the full immunity status of staff.

- The practice had recently formed a patient reference group and had developed relationships with local community and health groups, and were using these to improve patient engagement in areas such as bowel and breast cancer screening.
- Whilst leadership and oversight within the practice had shown some improvement, we saw that this had not been fully sustained in all areas.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Review and improve the level and detail of information contained in staff personnel files to include information with regard to induction received, identity checks carried out and staff immunity status.

The areas where the provider **should** make improvements are:

- Review and consider how best to improve satisfaction scores from the national GP patient survey.
- Review staff capabilities to run checks on patients in receipt of high risk medication.
- Review procedures with regard to cleaning schedules and the accuracy of cleaning records.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service. These improvements now need to be sustained moving forwards, and improvements made in some other areas.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

Older people	Requires improvement	
People with long term conditions	Requires improvement	
Families, children and young people	Requires improvement	
Working age people (including those recently retired and students)	Requires improvement	
People whose circumstances may make them vulnerable	Requires improvement	
People experiencing poor mental health (including people with dementia)	Requires improvement	

Eastmoor Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Eastmoor Health Centre

The practice surgery is located at Eastmoor Health Centre, Windhill Road, Wakefield, West Yorkshire WF1 4SD. The practice serves a patient population of around 2,650 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. 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 24% 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 (14% compared to the CCG average of 18% and England average of 17%). Average life expectancy for the practice population is 77 years for males and 79 years for females (CCG average is 78 years and 82 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 (16%) 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 composes one salaried GP (female), an agency practice nurse, and a phlebotomist/health care assistant (female). Clinical staff are supported by a practice manager, a team leader and an administration and reception team. The practice also uses the services of a pharmacist (male) on a locum basis when required.

The practice appointments include:

Detailed findings

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

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

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

The practice also participates in a local extended hours/out of hours telephone triage 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. Patients were encouraged to ring this number during the week when no further appointments were available at the practice.

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

The practice had previously been inspected in April 2017 and was rated as Inadequate overall with individual key question ratings of:

- Safe – Inadequate
- Effective – Inadequate
- Caring – Requires Improvement
- Responsive – Requires Improvement
- Well-led – Inadequate

This last rating is clearly displayed in the practice and on the practice website.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- The significant event process was being used in an inconsistent manner and some recent events had not been recorded. For example, a recent clinical audit had highlighted some serious problems and failings in respect to the management of emergency medicines. This had not been recorded as a significant event by the practice.
- Cleaning records and staff personal records were not complete in all cases.
- There was evidence that the management of emergency medicines and equipment was poor and that checks in place previously had recently lapsed or were otherwise ineffective.
- Staff on duty at the practice had only a limited capability to run and interpret high risk medication records. At the time of inspection staff on duty had difficulty in extracting high risk medication records and explaining the process.

During the previous comprehensive inspection of Eastmoor Health Centre in April 2017 we found the practice could not demonstrate that services were safe and was rated as Inadequate. We identified concerns in relation to risk management, infection prevention and control, medicines management and staff having access to support and guidance systems. During a focused inspection carried out in October 2017, we found that improvements had been made to address the majority of these matters.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety 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 refresher training. The practice had systems to

safeguard children and 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. We saw that the practice had established regular communication with local health visitors and other health and care professionals.
- The practice carried out staff checks, this included checks on 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 come into contact with children or adults who may be vulnerable).
- Some permanent and agency staff personal records examined were not complete and lacked evidence of induction received, checks on identity and full immunity status. We did see evidence that the practice was making progress with confirming staff immunity status.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure).
- There was an effective system to manage infection prevention and control (IPC). The practice had received an IPC audit in 2017/18 and had attained a compliance score of 95%. We saw that the practice had actioned areas which the audit had identified as being non-compliant. Whilst the premises and equipment appeared visibly clean we noted some cleaning records were not comprehensive and indicated that some equipment and areas had not been cleaned for extended periods of time.

Are services safe?

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. Staff rotas were prepared one month in advance.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians and non-clinical staff knew how to identify and manage patients with severe infections, for example, sepsis.

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 practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had developed systems for the safe handling of medicines, although these had not all been fully implemented.

- A clinical audit carried out on 10 January 2018 had identified poor practices in relation to the management of emergency medicines. The audit showed that actual numbers and amounts of medicines held within the practice did not reconcile with the inventory of emergency medicines held. In addition it identified that some medicines had passed their expiry dates and that

regular monthly checks on medicines had lapsed. At the time of inspection the practice had taken appropriate action in response to the audit and emergency medicine records were accurate and medicines were in date.

- Emergency equipment was generally in good overall condition, although a children's oxygen mask was past its expiry date of October 2017. When this was highlighted to the practice they took immediate action to replace it.
- Vaccines were stored appropriately as were medical gases.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice was comparable with others for the prescribing of antibiotic medication.
- A further clinical audit carried out on 10 January 2018 had identified a possible issue in relation to the monitoring of patients in receipt of high risk medicines. When we investigated this further we saw that high risk monitoring was being carried out in line with the latest guidance. However we did find that staff on duty at the practice had only a limited capability to run and interpret high risk medication records.
- The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. Safety issues were discussed at team meetings, although it was noted that these meetings had lapsed between October to December 2017.

Lessons learned and improvements made

The practice had some processes in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents, this though was being

Are services safe?

inconsistently implemented. This issue had been identified in an earlier inspection in April 2017 and had been rectified by the time of a focused inspection carried out in October 2017. However, at our latest inspection, in January 2018, we again found that the identification and recording of significant events and incidents was inconsistent. For example, we saw that a recent clinical audit carried out on 10 January 2018 had found significant issues with regard to the management of emergency medicines. These issues had not been identified or recorded as a significant event, although it had been discussed at a management team meeting.

- Of the seven significant events that had been recorded since July 2017 we saw these had been reviewed and investigated. In these instances the practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- There was a system for receiving and acting on medicine and patient safety alerts. We saw that recent alerts had been appropriately dealt with.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as requires improvement for providing effective services overall and across all population groups.

The practice was rated as requires improvement for providing effective services because:

- Cancer screening levels were low and were consistently below local and national averages.
- Some areas of performance for long-term conditions management were below national averages.
- Staff meetings and appraisals had not always been carried out in line with practice operating procedures.

During the previous comprehensive inspection of Eastmoor Health Centre in April 2017 we found the practice could not demonstrate that services were effective and we rated it Inadequate. We identified concerns in relation to service quality and improvement, effective staffing and the planning and coordination of patient care. During a focused inspection carried out in October 2017, we found that improvements had been made to address these matters.

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 assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing performance in respect to Hypnotics medication (a class of psychoactive drugs whose primary function is to induce sleep and can be used in the treatment of insomnia) and antibacterial medication was comparable to other practices.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

All of the population groups were rated requires improvement because the issues requiring improvement impacted on all patients:

Older people:

- Older patients, including patients in care facilities who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review which included a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Overall performance in relation to the treatment of patients with long-term conditions was mixed. Data from 2016/17 showed:
 - The number of patients living with diabetes who received a foot examination (which checks for potentially serious complications of diabetes) was 91%. This was the same as the CCG average of 91% and comparable to the national average of 90%. However, patients living with diabetes who were able to maintain the optimum levels of HbA1c at levels of less than 59 mmol (a blood test that measures how well controlled a patient's diabetes is) was 63%. This was below the local CCG average of 71% and the national average of 72%.
 - 93% of patients with Chronic Obstructive Pulmonary Disease had received a review of their condition compared with a Clinical Commissioning Group (CCG) average of 88% and a national average of 90%. Exception reporting for the practice for this activity was 8% and comparable to the CCG average of 10% and the national average of 11%.
 - 78% of patients with asthma, on the register, had received an asthma review in the preceding 12 months compared to a CCG average of 81% and a national average of 76%. Exception reporting for the practice for this activity was 11% and comparable to the CCG average of 9% and the national average of 8%.

Are services effective?

(for example, treatment is effective)

The practice informed us during the inspection that they had not achieved some locally agreed targets in relation to care plan reviews and diabetes.

- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to children aged 12 months to five years ranged from 88% to 100%.
- The practice provided a range of services with regard to contraception and was able to signpost patients to other contraceptive and sexual health services in the Wakefield locality.
- The practice hosted midwife led services.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 64%, which was below the 80% coverage target for the national screening programme. The CCG cervical screening average was 75% and the national average was 72%. We discussed these results with the practice and they informed us that for part of the period associated with these results (2016/17) that the cytology service had been temporarily suspended. The service had since been reinstated.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We saw that the GP completed and updated end of life care plans, and meetings were held on a monthly basis with other health care professionals to discuss the needs of vulnerable patients.
- The practice held a register of patients living in vulnerable circumstances which included those with a learning disability and the frail elderly with complex needs. It used these registers to plan and deliver care. For example, the practice offered annual health checks

to patients registered with a learning disability. However, take up of these health checks was low and only three out of 19 had been carried out in the previous 12 months.

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

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable with the CCG and national averages of 84%. Exception reporting for the practice for this activity was 14% and above the CCG average of 6% and the national average of 7%.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the CCG average of 92% and the national average of 90%. Exception reporting for the practice for this activity was 3% and below the CCG average of 11% and the national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 97% of patients experiencing poor mental health had received a discussion and advice about alcohol consumption compared with a CCG average of 92% and a national average of 91%.

Monitoring care and treatment

The practice had a comprehensive, pre-planned programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, a recent clinical audit carried out into the storage and use of emergency medicines had highlighted issues with recording usage, storage outside expiry dates and lapses in checks. We saw these had been discussed at practice level and that actions had been taken to improve. At the time of inspection emergency medicines were found to be correctly recorded, in date and checks had been re-established.

The practice had taken actions to support the effective management of the use of antimicrobial products, this included raising staff awareness of the issue and actively monitoring and reporting on prescribing rates.

Are services effective?

(for example, treatment is effective)

The published 2016/17 Quality Outcome Framework (QOF) results showed that the practice had achieved 90% of the total number of points available compared with the CCG and national averages of 96%. The overall exception reporting rate was 9% compared with a CCG average of 9% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

Staff generally had the skills, knowledge and experience to carry out their roles. For example, the practice ensured that agency nursing staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided learning opportunities and training to meet them. Up to date records of skills, qualifications and training were maintained.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals and clinical supervision. However appraisals for six members of non-clinical staff had not been completed. This issue had been raised previously in the April 2017 inspection. Staff meetings had lapsed between October 2017 to December 2017 and the opportunity for staff to raise and discuss issues with the practice management team had therefore been reduced. This issue had again been raised at the April 2017 inspection. When we discussed this with the practice they told us that felt the proposed move to a new provider had adversely impacted on these areas and had led to planned activities being postponed.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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 care and treatment.
- 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.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff offered support and advice which helped patients to live healthier lives. The practice identified patients who may be in need of extra support and signposted those to relevant services. These included patients:

- at risk of developing a long term condition
- who were in the last 12 months of their lives
- who required healthy lifestyle advice, such as in relation to diet and weight management and alcohol reduction
- In addition the practice offered in-house smoking cessation support.
- However, the practice performance with regard to screening for other cancers was below CCG and national averages. For example: 50% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to CCG average of 56% and a national average of 55%. In addition 57% of female patients aged 50 to 70 had been screened for breast cancer in the previous 36 months compared to CCG and national averages of 70%.

We discussed these areas of low performance with the practice. The practice told us, and we saw evidence to support this, that the practice was working to improve its work in relation to cancer:

- 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

Are services effective?

(for example, treatment is effective)

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.

- Staff had worked with a cancer support group and a local community group to raise awareness.
- Two members of staff and two members of the newly reformed Patient Reference Group had 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.

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. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

During the previous comprehensive inspection of Eastmoor Health Centre in April 2017 we found the practice could not demonstrate that services were caring and we rated them as Requires Improvement. We identified concerns in relation to low patient satisfaction and limited patient engagement. At this inspection we saw improvements had been made in these areas.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients support and information, and when they could not deal with issues within the practice sought to signpost them whenever possible to other local services.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the July 2017 annual national GP patient survey showed overall that patients felt they were treated with compassion, dignity and respect. As part of the survey 367 forms had been distributed to patients on the practice list and of these 112 had been returned which gave a response rate of 31%. This represented about 4% of the practice population. The practice was generally slightly below local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients who responded said the GP gave them enough time compared with the CCG average of 85% and the national average of 86%.
- 88% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG and national averages of 95%.

- 77% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 84% and the national average of 86%.
- 90% of patients who responded said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 90% of patients who responded said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG and national averages of 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG and national averages of 91%.
- 89% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

We were told by the practice and saw evidence to support this that a future area of work for the recently formed patient reference group was to carry out a practice patient survey. It was suggested that this would examine patient views on access and those who do not attend for appointments.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation and translation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example via communication aids and easy read materials.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients as carers (3% of the practice list). This identification allowed the practice to actively signpost and offer other support to carers within their patient community such as being able to offer flu vaccinations. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, the practice would send them a bereavement services guide. Families could also contact the practice for further support and guidance.

Results from the national GP patient survey showed the majority of patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were below slightly local and national averages:

- 83% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%.

- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.
- 85% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national averages of 90%.
- 83% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Consultation and treatment rooms were equipped with curtains, and doors could be locked during intimate examinations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

During the previous comprehensive inspection of Eastmoor Health Centre in April 2017 we found the practice could not demonstrate that services were responsive and we rated them as Requires Improvement. We identified concerns in relation to the suspension of services such as cytology and travel vaccinations and low patient satisfaction. At this inspection we saw that improvements had been made in these areas.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and where practicable their preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example the practice offered extended opening hours, online services such as repeat prescription requests and appointment booking.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services and home visits were available for patients whose clinical condition prevented them accessing the practice directly.
- The practice had identified performance issues in relation to cervical screening and had put in place a package of measures which included marking patient records when screening was due and developing cancer champion roles within the practice to raise awareness amongst patients.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or in supported living.
- There were longer appointments available for frail elderly patients or those with complex needs.

- Carers of elderly or otherwise vulnerable patients were actively supported by the practice.

People with long-term conditions:

- Patients with a long-term condition received reviews to check their health and medicines needs were being appropriately met.
- The practice hosted a quarterly secondary care led diabetic clinic for patients with complex needs.
- Patients with more than one long-term condition were able to access multi-condition reviews which saved them attending the practice on numerous occasions.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- The practice was working towards the achievement of "Young People Accreditation" a local initiative to support the needs of children and young people by making services more accessible to them. For example, the practice had protected a block of appointments specifically for young people on a Wednesday afternoon (after school hours) 3.45pm to 4.15pm.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, patients had access to extended opening hours and a nurse-led telephone triage service for all same day GP appointment requests. This service was delivered across seven Wakefield practices and operated seven days a week from 8am to 8pm Monday to Friday and 9am to 3pm on Saturday, Sunday and Bank Holidays. Patients who accessed this service received services which included:
 - Same day appointments delivered at the health centre
 - Appointments with a nurse at a minor injuries clinic
 - Advice on self-treatment
 - Advice on accessing other services including emergency services

Are services responsive to people's needs?

(for example, to feedback?)

Feedback we received on the day from patients indicated that they may not all fully understand the telephone triage service. When we discussed this with the practice they told us that they would seek to give patients more information on the operation of the telephone triage service.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances which included those with a learning disability.
- The practice hosted an alcohol and drug abuse clinic which was provided by other healthcare professionals.
- When requests for home visits were received from 1pm to 5pm these could be referred on to the community matrons who would then visit the patient and deal with their issues. This meant that if appropriate patients received visits that day rather than having to wait until the next day.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients were given double appointment times when necessary.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed when compared to local and national averages. Patients told us on the day that they had found it difficult to access appointments at the practice. As part of the survey 367

forms had been distributed to patients on the practice list and of these 112 had been returned which gave a response rate of 31%. This represented about 4% of the practice population.

- 90% of patients who responded were very satisfied or fairly satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 80%.
- 68% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 66% and the national average of 71%.
- 66% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 71% and the national average of 76%.
- 74% of patients who responded said their last appointment was convenient compared with the CCG average of 80% and the national average of 81%.
- 70% of patients who responded described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 48% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG of 60% and the national average of 58%.

Some patients we spoke with on the day told us that they were unable to get an appointment when they needed one. However, we saw during the inspection that patients could access on the day appointments via the nurse-led telephone triage service if it was identified that an appointment was required that day.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. The practice had a complaints policy in place and had on display in the waiting room a poster explaining how to complain; in addition they had a leaflet available for patients. Staff treated patients who made complaints compassionately.

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

The complaint policy and procedures were in line with recognised guidance. The practice had received one formal complaint in the previous six months. We discussed this complaint with the practice and found that it had been satisfactorily handled.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- Improvements made since the last focused inspection in October 2017 had lapsed in some areas, such as the identification and recording significant events and the management of emergency medicines and equipment.
- Staff meetings and appraisals had not always been held within expected time periods.

During the previous comprehensive inspection of Eastmoor Health Centre in April 2017 we found the practice could not demonstrate that services were being well-led and we rated them as Inadequate. We identified concerns in relation to governance arrangements, leadership and oversight, acting on feedback and continuous improvement. During a focused inspection carried out in October 2017, we found that improvements had been made to address the majority of these matters.

At the time of this inspection the practice was in a transition period as the current provider was in the process of retiring from the practice. They were working closely with a potential new provider to ensure continuity of service from Eastmoor Health Centre.

Leadership capacity and capability

There was evidence of leadership and some oversight within the practice. However in some areas this was limited and we saw evidence that some of the improvements we saw at the last inspection had not been sustained, in areas such as risk management.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic approach to achieve priorities for patients.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The approach was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture which aimed to deliver quality sustainable care.

- Staff stated they felt supported and valued.
- We were told by the practice that openness, honesty and transparency were important to them 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.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had some confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included both informal and formal discussions. It was noted that annual appraisals had not been completed for six members of non-clinical staff at the time of inspection. The practice told us that this had been influenced by the ongoing transfer of providers.

Governance arrangements

There were some systems of accountability in place to support good governance and management.

- Structures, processes and systems to support good governance and management had improved but there were still some areas of weakness such as an inability to continue to sustain oversight of key work areas such as medicines management.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We did find that at times, some policies or procedures were not being followed. For example, an incident that had occurred in the previous week had not yet been recorded as a significant event.

Managing risks, issues and performance

Are services well-led?

Requires improvement 

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

There were some processes for managing risks, issues and performance.

- The practice had made improvements to services following the inspection in April 2017, as evidenced by the focused inspection in October 2017. However, it was evident that some of these improvements had either not been fully sustained or had lapsed. In particular the inspection highlighted issues in relation to medicines management, significant events, staff records and team meetings which had all been raised before at previous inspections at the practice.
- There were some processes in place to identify, understand, monitor and address current and future risks including risks to patient safety.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance and we saw how this had been used to improve local prescribing performance.
- The information used to monitor performance and the delivery of quality care was generally accurate and useful. However staff on duty at the practice had only a limited capability to run and interpret high risk medication records. At the time of inspection staff on duty had difficulty in extracting high risk medication records and explaining the process.

- The practice submitted data or notifications to external organisations as required.
- There were 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 practice had made some progress since the last inspection with regard to engagement with patients, the public and external partners. This supported the delivery of sustainable and community focused services.

- The practice had recently formed a patient reference group (PRG) and was working with it to establish a work plan. Members of the PRG had already volunteered to become cancer awareness champions.
- The practice had made some valuable inroads engaging with local residents via a nearby community centre.
- The service was transparent, collaborative and open with stakeholders about performance. For example the practice prominently displayed the previous Care Quality Commission rating in the waiting area.

Continuous improvement and innovation

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

- There had been some improvements to the operation of the practice since the last comprehensive inspection of the practice in April 2017. However these improvements had not been sustained in all areas.
- The practice made use of internal and external reviews of identified incidents and complaints. Learning was shared and used to make improvements.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was because:</p> <ul style="list-style-type: none">• Some recent incidents had not been identified and recorded as significant events.• There was evidence of a lack of effective medicines management within the practice. A recent clinical audit of emergency medicines carried out one week prior to inspection identified errors in stock records, lapses in checks and out of date medication.• Staff records in all cases were not fully complete and did not contain details such as induction received, identity checks and immunity status.• Emergency equipment checks had not identified an out of date child oxygen mask with an expiry date of October 2017.• Staff had only limited capability to extract and interpret all necessary data to support the effective monitoring of patients in receipt of high risk medication.

Requirement notices

- Cleaning records were not comprehensive or clear and did not give assurance that equipment had been cleaned or disinfected prior to use.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered person did not have systems in place to ensure that adequate governance and monitoring systems were in place. This was because:

- The process for identifying and recording significant events or incidents was being implemented inconsistently.
- Team meetings had not taken place between October 2017 and December 2017 and had only been reinstated in January 2018.
- Annual appraisals had not been completed for six members of staff.
- Staff personal records were not always fully complete and some lacked details including induction received, identity checks or did not fully record immunity status.

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