

Yorkshire Health Partners Limited

Bartholomew Health Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 5 February 2019 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

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

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

Bartholomew Health Centre is the venue used by Yorkshire Health Partners Limited, a Federation that offers a dermatology and minor surgery service to people who are referred by their GP. (A Federation is based on a group of practices working together within their local area, in some sort of collective legal or organisational entity. There are a number of different organisational forms that a federation can take. It can be a very loose arrangement, based, for example, on a MoU. Alternatively, a federation can be a legal entity, such as a company limited by shares or guarantee, a community interest company or a limited liability partnership).

The registered manager is the Chair of Yorkshire Health Partners 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 had clear systems to manage risk so that safety incidents were less likely to happen. There was a

Summary of findings

process in place to enable the service to learn from incidents and improve their processes if incidents occurred. We found no incidents had occurred in the previous 12 months.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The GP maintained the necessary skills and competence to support the needs of patients and was up to date with all required training.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients found it easy to access appointments and reported that they were able to access care when they needed it.
- Systems and processes were in place for managing governance in the service.

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

- Review and improve the process for identifying clinical audits required.

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

Bartholomew Health Centre

Detailed findings

Background to this inspection

Bartholomew Health Centre, Woodland Rd, Goole, East Yorkshire DN14 6RU is the venue used by Yorkshire Health Partners Limited (YHP) to deliver a dermatology and minor surgery service via a contract with the East riding of Yorkshire CCG to people living in the East Riding of Yorkshire area. YHP also provides primary care services across the East Riding of Yorkshire area. The provider has a website <https://yorkshirehealthpartners.co.uk/> where people can access information.

Clinics are held three times a month on a Tuesday afternoon from 12:30pm to 6pm and on a Saturday morning from 9am to 11am. Appointments are available to people on a pre-bookable basis. The service is delivered from rooms in a purpose built health centre. The service team consists of one GP, a health care assistant and an administrator.

The inspection took place on 5 February 2019, the team was led by a CQC inspector and included a GP specialist adviser.

We informed the East Riding of Yorkshire CCG that we were inspecting the service; we did not receive any information of concern from them.

During the inspection we spoke with the GP, the health care assistant and the secretary, looked at policies and procedures and other records about how the service is managed. We spoke with three patients during the inspection. They told us they received very good treatment and care, explanations about treatment were provided and they felt listened to and were treated with respect.

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

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider assessed risk and had appropriate safety policies, which were regularly reviewed. Staff had access to safety information and had completed relevant training. There were systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible. They outlined clearly who to go to for further guidance.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required as per the providers' policy. (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).
- Staff had completed up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. There was access to chaperones and staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check. Chaperone notices were displayed in the consulting and treatment rooms.
- There was an effective system to manage infection prevention and control.
- The provider 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 was an effective induction system for agency staff tailored to their role.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- We discussed emergency procedures with the provider. They told us they had access to equipment and staff to assist with any medical emergencies if required, from the adjacent medical practice.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. The GP had professional indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to the staff in an accessible way.
- The service had systems for sharing information with patient's GPs and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. For example, patients taking a certain medicine that caused risks in pregnancy were seen monthly to have a pregnancy test to confirm it was safe for them to carry on taking the medicine.

Lessons learned and improvements made

The service had systems in place to learn and made improvements when things went wrong.

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

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. There was a process in place to enable the service to learn from incidents and improve their processes if incidents occurred. However, we found no incidents had occurred in the previous 12 months. We saw that an incident had occurred in 2017 when a specimen had been sent to the lab without a required high risk sticker on it. The provider did not realise this was necessary as thought all specimens were treated as risk. They obtained high risk stickers so they could be used when required.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. There was an mechanism in place for staff to be aware of alerts, however there was no formal process in place for recording of any action that had been taken in response to alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The GP kept up to date with current evidence based practice. We saw evidence that the GP assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The GP had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- We saw that audits had been undertaken to look at post operative infection rates and the outcomes of lesion excisions. The audits had not identified any areas where improvements were needed. There was no formal audit plan in place, we discussed this with the provider and they told us they would review this.
- The provider monitored performance on a monthly basis and provided feedback to the CCG.

Effective staffing

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

- The GP was appropriately qualified, registered with the General Medical Council (GMC) and was up to date with revalidation.
- The GP undertook one clinic per month jointly with a Consultant Dermatologist.
- All staff were appropriately qualified.

- The provider understood the learning needs of staff and provided 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.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. The GP referred to, and communicated effectively with, other services when appropriate. For example, following consultation if patients required a referral to a hospital service they were referred in line with appropriate guidelines and timescales.
- Before providing treatment, the GP ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Where patients agreed to share their information, we saw evidence of letters sent to patients' registered GPs in line with GMC guidance.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where patients needs could not be met by the service, the GP redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- The GP understood the requirements of legislation and guidance when considering consent and decision making.
- The GP supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients about the service was very positive. Monthly surveys were carried out to ask patients what they thought of the service. Results from January 2018 to January 2019 showed that 162 patients said they were extremely satisfied and would highly recommend the service, 53 were satisfied and would recommend the service and 16 said the service was very good.
- We spoke with three patients who used the service and they told us staff explained treatment and medication and were helpful and friendly and treated them with dignity and respect. They described the service as excellent.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Staff gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff had access to interpretation services when required for patients who did not have English as a first language. Staff could access information leaflets in easy read formats, to help patients be involved in decisions about their care.
- Patients we spoke with told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Patients told us staff clearly explained procedures to them and they were given time to ask questions. They were provided with clear guidance about aftercare and written information on what to do after their procedure and who to contact if they had any questions or concerns.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The room door was closed during consultations and minor surgery procedures and privacy curtains were available for use during examinations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Patients we spoke told us they saw the same GP when they attended and were pleased to have continuity of care.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients told us that following referral they had received appointments quickly.
- Saturday morning clinics were available making it more convenient for people who worked. The provider told us extra clinics were provided if waiting times increased.
- Patients with the most urgent needs had their care and treatment prioritised.

- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, there was a pathway for referrals to the plastics team at the hospital for patients needing urgent two week wait referrals.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place which outlined how the service would learn lessons from individual concerns, complaints and also from analysis of trends. It acted as a result to improve the quality of care. We found no complaints had occurred in the previous 12 months. We reviewed a complaint that had been received in 2017 when a patient had attended the provider's Market Weighton site as they did not realise their appointment was at Bartholomew Health Centre. The provider amended its appointment letter so that it was clearer to patients which site they needed to attend for their appointment and a map was included.

Are services well-led?

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

Our findings

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, to support the leadership team with development of existing and new services they had recently employed a Programme Manager.

Vision and strategy

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

- There was a clear vision and set of values. The provider had a realistic plan to achieve priorities.
- The provider developed the vision, values and plans with external partners, for example, the CCG.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers told us how they would act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. This was outlined in the providers' policies. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work. The GP had one supervised clinic session per month with a Consultant Dermatologist. This enabled them to review performance and decision making and obtain support and advice.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams. One patient commented on how well the GP and HCA worked together and how this gave them confidence and made them feel comfortable.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

Are services well-led?

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of the GP could be demonstrated through the supervised clinic session once a month. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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 and external partners

The service involved patients and external partners to support high-quality sustainable services.

- The patients' and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The provider gained feedback every month from patients on how satisfied they were with the service. There were plans to undertake more detailed patient surveys in 2019.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. For example the GP was involved in training GP registrars and in the past 12 months they had run two learning events for the local GP community.