

Trinity Medical Centre

Inspection report

Conexus Healthcare Limited
Trinity Medical Centre
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Trinity Medical Centre on 7 May 2019. The inspection was carried out as part of our inspection programme.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning, performance management and improvement at all

levels of the organisation. This included the assessment of individual consultations and decisions made by clinicians, and clinical audits for prescribing and controlled drugs.

- The service had an effective staff planning and rota process in place. This ensured services were appropriately staffed, especially at peak periods when demand was high.

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

- Review and improve processes to ensure that the organisation has assurance that all staff have completed mandatory training requirements such as safeguarding training.
- Review the stocking of emergency medicines. If decisions are made not to stock a medicine these should be supported by a documented and appropriate risk assessment process.
- Review and embed processes to ensure nursing staff are appropriately authorised to administer injectable contraceptives.
- Continue to roll out supervision and appraisal processes for staff.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Trinity Medical Centre

Trinity Medical Centre is operated by Conexus Healthcare Limited. The provider delivers extended hours services under the operating name 'GP Care Wakefield' to patients registered with NHS Wakefield Clinical Commissioning Group (CCG) practices. Conexus Healthcare Limited delivers the extended hours service from two sites; Trinity Medical Centre, Thornhill Street, Wakefield, WF1 1PG, and via a sub-contract with Local Care Direct Limited from Pontefract General Infirmary, Friarwood Lane, Pontefract, WF8 1PL. This inspection solely related to the service delivered directly by Conexus Healthcare Limited at the Trinity Medical Centre, Wakefield based site.

GP Care Wakefield is operated by Conexus Healthcare Limited. Conexus Healthcare Limited is a GP confederation (groups of GP practices) and represents all GP practices in the Wakefield and Pontefract area. It holds a contract with NHS Wakefield Clinical Commissioning Group (CCG) for the delivery of the extended hours service. The service at Trinity Medical Centre is delivered from a purpose-built medical facility which it shares with an established GP practice and a pharmacy. The premises are a modern design and have time-restricted parking available for service users. The building is accessible for those with a disability or other mobility issues.

The provider offers a number of services and appointment types under the extended hours contact, these include:

- Access to triage services 4pm to 6pm – a same day service which seeks to provide additional capacity to support GP practices. Patients are remotely booked into this service by their own GP practice. Patients then received a call back from the triage team and can access either advice, signposting to a more appropriate service or are given an appointment with the extended hours service.
- Access to triage services 6pm to 10pm - Patients access this service by calling their home GP practice

number and this is forwarded to the extended hours provider automatically. Patients can access advice, signposting to a more appropriate service or are given an appointment with the extended hours service.

- Access to same day GP and Advanced Nurse Practitioner appointments. This service operates from 6pm to 10pm Monday to Friday (bookable from 4pm), and from 9am to 3pm on Saturday and Sunday.
- Access to routine care appointments delivered by nurses and health care assistants. This service operates from 6pm to 8pm Monday to Friday (bookable up to 28 days in advance), and from 9am to 1pm on Saturdays. (This service is unavailable to a small number of patients whose home GP practice computer health records system is not compatible with the system used by the provider and the majority of practices in the area).

Outside these operating times patients can access the services of NHS 111 and the contracted out of hours provider.

A number of services are not delivered by the provider, these include cervical screening and vaccination and immunisations.

Patients access the service via:

- Direct booking into the service via their own home GP practice.
- Contacting the service directly via telephone. Calls made to the patients own home GP practice automatically transfer to the service when the home GP practice is closed.
- Those who arrive at Trinity Medical Centre as a walk-in patient can access the triage service via a telephone located in the waiting room, and will be given either advice, signposting to a more appropriate service, or an appointment.

The majority of staff contracted to deliver services come from other GP practices within the NHS Wakefield CCG area and have knowledge of local operating procedures, and the needs of the local population.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. There was a range of safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff had processes in place to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The service would liaise with the home GP practice of the patient to discuss safeguarding concerns and refer onto other agencies when appropriate.
- 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. (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). We saw that copies of essential documentation were stored on the staff members personnel file. These files were detailed and well ordered.
- The level of safeguarding training completed by staff was checked on appointment. When we spoke with staff they knew how to identify and report concerns. It was however noted that there was only limited assurance that post appointment, staff had received mandatory updates to training in respect to key areas of work. For example, only 54% of GPs were recorded as having received updated adult safeguarding training, and only 75% of Advanced Nurse Practitioner records showed

that they had received an appropriate level of children's safeguarding training. The service was aware that these records needed updating and explained that this work was to begin in the near future.

- Staff who acted as chaperones were trained for the role and had received a DBS check. When a chaperone was used this was noted on the patient record by both the clinician and the chaperone.
- 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 were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. The service utilised a sophisticated online staff management tool and this was used to arrange the filling of shifts and the organisation of staff rotas. We saw that around 95% of shifts were filled at the time of inspection, and that these were planned to be staffed two months in advance. We were told that in the event of a shift not being adequately staffed then appointments would not be released for booking. We were informed that this event had not occurred at any time to date.
- There was an induction system for new staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- As part of their triage service staff told patients when it was necessary to seek other more appropriate services. They advised patients what to do if their condition got worse and actively referred them when necessary.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Are services safe?

- When a potentially vulnerable patient did not attend for an appointment the service assessed the impact of this failure to attend and if deemed necessary, would attempt to contact the patient. The home GP practice of the patient would also be informed.

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 service had systems for sharing information with staff, the patient's home GP practice 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.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders were stored appropriately. The service had access to emergency equipment and medicines provided by the established GP practice which hosted the service. It was noted that there were no emergency medicines available for either epilepsy or left ventricular failure. Whilst stocking these medicines was not a legal requirement, the service had not carried out their own risk assessment as to why these medicines were not available. When informed of this the service told us they would formally assess the need to stock these items.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- In general staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However, it was identified that practice nurses were administering injectable contraceptives without

the authorisation of a Patient Group Direction (PGD - a written instruction for the safe supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). After this was pointed out to the service they took immediate action. They told us that they will seek to adopt a PGD for this activity, and in the interim have introduced a revised system of obtaining authorisation from appropriately qualified and appointed staff.

- The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately in coordination with the patient's home GP practice.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The host GP practice had control of a number of the key activities relating to these such as carrying out checks in relation to Legionella. We saw that the service and the host GP practice worked closely together and that risks were effectively controlled and managed.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service

Are services safe?

learned and shared lessons, identified themes and took action to improve safety in the service. Learning from incidents was cascaded to staff via email. Many of the recorded incidents related to persons attending the service who were not eligible to do so. As a result, work had been carried out to improve understanding of the service.

- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed. Guidance was available on the service providers shared computer drive and was also sent via email when required.
- As staff were sourced mainly from local GP practices the provider had produced local guides for clinical and non-clinical staff to standardise and regulate service delivery. For example, a guide for reception staff included key information such as incident reporting, fire evacuation and chaperoning. Guides for clinical staff included a nursing guide for the taking of swabs.
- Telephone triage assessments were carried out using a defined operating model and the triage team was composed of experienced clinical staff located within the building. The triage team used a structured assessment tool during calls.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients needs could not be met by the service, staff redirected them to the appropriate service to meet these specific requirements.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We were told that consultations and assessment times could be extended when a specific need was identified.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with vulnerable and repeat patients, for example palliative care patients, and care plans/guidance/protocols were in place to provide the appropriate support.
- Technology and equipment were used to improve treatment and to support patients' independence.

- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the service provider regularly monitored key performance indicators.

- The service made improvements through the use of completed full cycle audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The service provider made regular reviews of consultations carried out by clinical staff to assess judgements made. These reviews and audits were fed back to individual staff members. When necessary, areas which required improvement would be discussed and action measures put in place. In addition to this work the service provider also carried out full-cycle clinical audits into areas such as antibiotic prescribing and controlled drugs.
- The service provider also monitored performance against the service specification of their CCG contract and other internal targets. Measures included:
 - Minutes of time available per 1,000 population. At the time of inspection this was 41 minutes.
 - Shift fill utilisation.
 - Financial performance.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as incident reporting, emergency procedures, and safeguarding. Training needs were assessed on appointment, on request and during reviews.
- The provider ensured that staff worked within their scope of practice and had access to clinical support when required. It was, however, noted that nursing staff were administering contraceptive injections whilst not being fully authorised. This practice has since been amended.
- Personnel files were detailed and well ordered. There was however only limited assurance that staff had

Are services effective?

received the necessary mandatory training in all cases. The service provider had recognised this and at the time of inspection told us that this work was to be carried out.

- The provider gave staff ongoing support. For non-clinical staff this included one-to-one meetings and appraisals. A process of supervision was being put in place for nursing staff at the time of inspection. We were told that GPs were not directly supervised or appraised but were subject to review and audit of consultations.
- 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 worked well with other organisations to deliver effective care and treatment.

- We saw records that showed that appropriate staff, including those in different teams such as the triage team were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care.
- Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. In the majority of cases the service provider could directly update the patient's record due to system compatibility. In the other cases the service provider sent a summary record of actions taken back to the patient's home GP practice. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- The nursing team providing pre-bookable appointments for reviews worked with patients to develop personal care plans that were shared with the home GP practice.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- When the need for a home visit had been identified via triage the provider passed this to the out of hours service in line with contracted agreements.

Helping 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.

- The service identified patients who may be in need of extra support and when required could signpost to other services.
- Where appropriate, staff which included the triage team, gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. For example, members of the nursing team who supported long-term condition reviews fed back details of the review to the patient's home GP practice.
- Where patient need could not be met by the service, staff redirected them to the appropriate service for their requirements.
- We saw performance data that showed of the approximately 27,000 patients handled by the service since it began:
 - 54% of patients were seen following triage.
 - 31% were advised or booked into an alternative service.
 - 15% were given self-care advice.

Consent to care and treatment

The service 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. The service had access to key details held on the patient record which assisted their own consent procedures.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Clear information was provided by reception and triage staff to people presenting in person to the service, or those making telephone contact. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- Of the 47 patient Care Quality Commission comment cards we received 44 were positive about the service experienced and three were mixed. Many of the positive comments noted the kind and caring staff, and the politeness and professionalism of staff. This was in line with the results of the NHS Friends and Family Test which between September 2017 and March 2019 had received 4,014 responses. Of these 99% were either extremely likely or likely to recommend the service to others.
- We also spoke with two patients on the day of inspection and they were both very positive about the level of care received.
- The management team made regular visits to the waiting area to meet with patients and gather feedback and comments.

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 services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care. The service had access to a hearing loop to assist those who had a hearing impairment.
- As the service could access the patient record it was able to identify if any patients needed specific assistance and was able to plan for these needs beforehand.
- Patients told us through comment cards, 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved. The service provider was also able to update the patient record if during a consultation they were identified as a carer.
- Staff communicated with people in a way that they could understand.
- 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.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff always respected confidentiality. The service provider had a confidentiality policy in place and staff had signed confidentiality agreements.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, patients who attended the service without an appointment were able to access a triage assessment and if accepted, an appointment by using a telephone located in the waiting area. The service told us that it regularly fed back to the CCG any identified or developing patient population needs.
- The provider improved services where possible in response to unmet needs. For example, the service had examined their ability to deliver other services in the future such as lung checks/screening.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The provider made reasonable adjustments when people found it hard to access the service. For example, patients were escorted to consultation rooms when required.
- The service was responsive to the needs of people in vulnerable circumstances. For example, when a potentially vulnerable patient did not attend for an appointment the service assessed the impact of this failure to attend and if deemed necessary, would attempt to contact the patient. The home GP practice of the patient would also be informed.
- Patient feedback we received about the service was very positive. Patients mentioned that services were prompt and that weekend access was greatly appreciated.
- There were some services that the service did not provide; this included child immunisations and travel vaccinations.
- The provider planned for potential surges in activity, and had developed contingency solutions for these; for example planning for the extended Easter break.

Timely access to the service

- Patients were able to access care and treatment at a time to suit them outside the regular operating hours of their own home GP practice.

The provider offered a number of services and appointment types under the extended hours contact, these included:

- Access to triage services – a same day service which sought to provide additional capacity to support GP practices. Patients were remotely booked into this service by their own practice. Patients then received a call back from the triage team and could access either advice, signposting to a more appropriate service or were given an appointment with the extended hours service. This facility operated from 4pm to 6pm Monday to Friday.
- Access to same day GP and Advanced Nurse Practitioner appointments. This service operated from 6pm to 10pm Monday to Friday (a percentage of these are bookable by practices from 4pm), and from 9am to 3pm on Saturday and Sunday. Patients accessed the service by calling their home GP practice number and this was forwarded to the extended hours provider automatically which gave a seamless transfer.
- Access to routine care appointments, blood tests and long-term condition support delivered by nurses and health care assistants. This service operated from 6pm to 8pm Monday to Friday (bookable 28 days in advance), and from 9am to 1pm on Saturdays. (This service was unavailable to a small number of patients whose home GP practice computerised health records system was not compatible with the system used by the provider and the majority of practices in the area).
- Patients who arrived without an appointment were able to access a triage assessment and if necessary after this an appointment for same day GP and Advanced Nurse Practitioner consultation.
- Outside these operating times patients could access the services of NHS 111 and the contracted out of hours provider.
- Longer appointments were available for patients who had identified needs such as the elderly and persons with a learning disability.
- When the need for a home visit had been identified via triage, the provider passed this to the out of hours service in line with contracted agreements.

Are services responsive to people's needs?

- Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.
- The service engaged with people who were in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services. We saw that adjustments had been made to support patients with specific needs, such as those in relation to mobility or sensory impairment.
- Patients with the most urgent needs, including those who were acutely unwell, had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The appointment system was easy to use.
- Referrals and the transfer of information and coordination of care to and between other services were undertaken in a timely way.
- The service had access to a sophisticated online staff management tool and utilised this to arrange the filling of shifts and the organisation of staff rotas. We saw that around 95% of shifts were filled, and that these were planned to be staffed two months in advance. We were told that in the event of a shift not being adequately staffed then appointments would not be released for booking. We were informed that this event had not occurred at any time to date.

Listening and learning from concerns and complaints

The service 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We saw that only two formal complaints had been received in the past 12 months and that these had been dealt with effectively by the service. We discussed one complaint in depth with the service provider and saw that it had been satisfactorily handled. The service tried whenever possible to resolve concerns immediately.
- The service learned lessons from individual concerns and complaints, and also from the analysis of trends. It acted as a result to improve the quality of care. For example, the service had introduced a new operating protocol following a complaint regarding an instance when a prescription had not been available to collect. This made it clear to staff whose responsibility it was to contact and inform a patient when a prescription was ready to collect. The service reported that since this was introduced there had not been a recurrence of this issue.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and sought to address them. For example, the provider had identified shift fill as a challenge and used both a sophisticated planning tool, as well as seeking to recruit additional staff to tackle this issue.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible and contactable throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future development of the service.
- Leaders who helped to develop the service worked closely with all practices within the local confederation to identify a suitable and appropriate delivery model. This work built on the previous extended hours services which were delivered across the Wakefield and district area.

Vision and strategy

The service had a clear vision and credible strategy and approach to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners and stakeholders.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

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 acted on behaviour and performance inconsistent with the vision and values of the organisation.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that the provider analysed and learned from incidents and complaints and took corrective actions when required. The provider sought to discuss incidents fully with all those involved. 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 confidence that these would be addressed.
- Only limited numbers of staff received regular one-to-ones and supervision. At the time of inspection this was restricted to reception staff. However, the provider was in the process of introducing this to members of the nursing team.
- Clinical staff, including nurses, were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

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 extended hours service of GP Care Wakefield reported on a regular basis to the quality sub-committee and Board of Conexus Healthcare Limited (the Board being composed of representatives of the constituent GP practices which

Are services well-led?

made up the confederation). The provider governance structure supported the effective delivery of the service, managed partnerships and joint working arrangements and helped to ensure co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- 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.

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Issues appertaining to risk and patient safety were discussed at the quality sub-committee of Conexus Healthcare Limited, and managed and monitored via a risk register.

The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.

Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the local key performance indicators. Performance was regularly discussed at senior management and Board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

The providers had plans in place and had trained staff for major incidents. We saw that the business continuity plan was comprehensive and contained key contact details for staff.

The provider implemented service developments this was with input from clinicians to understand their impact on the quality of care.

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 regularly collected and analysed data in relation to service areas such as:
 - Frequent service users.
 - GP referrers into the service.
 - Clinician outcome performance.
- Quality and sustainability were discussed in relevant meetings.
- 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. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service 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.
- The provider had performance monitoring arrangements in respect of the element of the extended hours service which was delivered from Pontefract General Infirmary via a sub-contracted third-party provider.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The provider told us that it had engaged with a range of patients when planning the service, this included the travelling community, those with sensory impairment and members of the LGBT community.
- Staff were able to describe to us the systems in place to give feedback. Feedback was mainly via direct contact or telephone and email as formal supervision processes

Are services well-led?

were still in the development stage for some members of staff. However, staff we spoke with told us that they felt engaged. They said they were kept informed via a range of means which included:

- An electronic newsletter.
- Emails.
- Notifications and tasks.
- One-to-one meetings (limited to reception staff at the time of inspection).
- The provider had carried out a staff survey in relation to shift patterns and shift management and had taken on board comments from staff.
- 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 at all levels within the service. This was supported by a rigorous performance management and quality improvement ethos, and an effective audit and assessment programme.

- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation and improvement evidenced by the number of activities. For example, the provider had developed a guide to health checks. These were available for the patient's home GP practice, and were to be given to patients prior to their health check to give them a better understanding of what the health checks consisted of, and as a way of managing patient expectations.
- The provider outlined to us the potential development of a dedicated learning centre for the service. This would give remote online access to staff to systems including policies, training, medical alerts and communications all on one site.
- The provider had been recognised externally by the Health Service Journal which had presented it with their Workforce Efficiency Award in 2018.