Curo Health Limited

Inspection 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 location	Good
Are services safe?	Good
Are services effective?	Good
Are services well-led?	Good

Overall summary

We previously carried out an announced comprehensive inspection of Curo Health Limited on 14 November 2019 when the provider was rated requires improvement overall and for the key questions safe, effective and well-led, and good for caring and responsive.

We then carried out an announced focused inspection on 25 May 2021 to follow-up on the inspection undertaken in November 2019. At that inspection the provider was rated as inadequate overall and for the key questions safe, effective and well-led. We did not inspect, or rate, the caring and responsive domains. A Warning Notice was served on the provider for the breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 - Good governance.

A further announced focused inspection was carried out on 14 September 2021 to check that the provider had responded to the Warning Notice dated 7 June 2021 and had met the legal requirements in relation to the breach of Regulation 17 – Good governance. We did not review the ratings awarded to the provider at this inspection. At the inspection we found the provider had reviewed their systems and processes and had made improvements in the areas of concern identified at our inspection on 25 May 2021.

The full report for the previous inspections in November 2019, May 2021 and September 2021 can be found by selecting the 'all reports' link for Curo Health Limited on our website at www.cqc.org.uk.

Why we carried out this inspection

This focused, rated, inspection was carried out to follow-up on concerns and issues identified at our previous inspection on 25 May 2021. We inspected and rated the safe, effective and well-led domains. We did not inspect, or rate, the caring and responsive domains.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Requesting feedback from staff through a questionnaire
- Requesting evidence from the provider
- A site visit

As part of this inspection we interviewed by video conferencing the Managing Director, the Finance Director, four GPs, an advanced nurse practitioner, an advanced clinical practitioner, a healthcare assistant, three reception supervisors and two receptionists.

Overall summary

On the day of the inspection we visited three operational sites and interviewed the Medical Director, the GP Clinical Lead, the Lead Nurse, the Federation/Operations Support Manager and the Rota Coordinator. In addition, we sent out feedback questionnaires to all staff who were not interviewed using video conferencing. We received 12 completed questionnaires.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this provider as good overall and good for the key questions safe, effective and well-led.

We found that:

- The provider had been responsive to the findings of our previous inspection and we found continued improvement in systems and processes seen at our follow-up inspection in September 2021 to demonstrate safe, effective and well-led care.
- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- There was an open and transparent approach to safety and systems were in place for recording, reporting and sharing learning from significant events.
- The service reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- There was a programme of quality improvement, including clinical audit.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Leaders demonstrated they had the capacity and skills to deliver a high-quality service.
- Improvements had been made to the systems and processes to communicate with staff and keep them informed of safety and quality outcomes.
- The provider engaged with patients and staff to improve the service. Patient feedback had been positive about the service in relation to access and care provided.
- The provider continued to contribute to the local health agenda and work in partnership with stakeholders to deliver patient care during the challenges of the COVID-19 pandemic.

Whilst we found no breaches of regulations, the provider **should**:

- Continue to review and update any gaps in training records for all current staff.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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 GP specialist adviser.

Background to Curo Health Limited

Curo Health Limited, established in January 2014, is a GP Federation serving the needs of the population of North Kirklees. The Federation is made up of all 27 general practices spanning four primary care networks (PCNs) in the Kirklees Clinical Commissioning Group.

Curo Health Limited is responsible for delivering extended access services to patients from all participating GP practices; approximately 195,000 patients.

The focus of this inspection was the extended access service, which has been operational since August 2018.

Curo Health Limited's administrative centre operates from Woodkirk House, Dewsbury and District Hospital, Halifax Road, Dewsbury WF13 4HS. The service is led by a Medical Director and a Managing Director (Co-Chair), a Finance Director and six board members of whom four represent the PCNs.

Patient care for the extended hours service is delivered at three locations in the district, which we visited during our inspection:

- Dewsbury Health Centre, Wellington Road, Dewsbury WF13 1HN
- Liversedge Health Centre, Valley Road, Liversedge WF15 6DF
- Broughton House Surgery, 20 New Way, Batley WF17 5QT

The extended access service is open between 6.30pm and 9.30pm Monday to Friday, between 9am and 4pm on Saturdays, between 9am and 1pm on Sundays and 10am to 2pm on Bank Holidays.

At the time of our inspection, the extended access service at the three locations is provided by 13 GPs, 10 advanced nurse practitioners/advanced clinical practitioners, two practice nurses, three healthcare assistants, five reception supervisors and 17 receptionists. Some staff work at multiple sites and some at one site. We saw that two receptionists were located at each of the three patient facing sites during operational hours.

At our previous inspection, the provider also delivered an ear care (microsuction) service. Microsuction is a wax-removal technique which uses a binocular operating microscope to look straight into the ear canal, wax is then removed from the ear canal using a suction device at low pressure. The service has currently been paused and did not form part of our inspection.

Curo Health Limited is registered with the Care Quality Commission to deliver the regulated activities diagnostic and screening procedures and treatment of disease, disorder or injury.

Good

Are services safe?

At our inspection on 25 May 2021 we rated the provider as inadequate for providing safe care, as we found concerns with safeguarding, safe recruitment, oversight of premises and equipment at the operational sites, management of blood results and cervical screening, referral process to the microsuction service, significant events and patient safety alerts.

A focused enforcement follow-up inspection was undertaken on 14 September 2021 where we found the provider had reviewed their systems and processes and had made improvements in all the areas of concerns found at our previous inspection.

At this inspection the provider demonstrated continued improvements with regards to safeguarding, safe recruitment, oversight of premises and equipment, management of blood results and cervical screening, significant events and patient safety alerts. The provider is now rated good for providing a safe service.

Safety systems and processes

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

- At our inspection in May 2021 we found that not all staff knew who the safeguarding leads were, and policies did not clearly cite the local safeguarding contact details. In addition, there was a variation in how staff told us they would report a safeguarding concern. At this inspection we found safeguarding policies had been reviewed and now included both the provider's and clinical commissioning group's safeguarding contact details. Staff we spoke with told us that policies were available at the operational sites and through an online repository of operational policies and procedures. All staff we spoke with knew who the safeguarding children and adult leads were.
- At our inspection in May 2021 we found there were gaps in the recording of safeguarding training for clinical and non-clinical staff. At this inspection we reviewed staff training records and found that staff had undertaken safeguarding children, safeguarding adults and PREVENT (radicalisation of vulnerable people) training to a level relevant to their role and in line with guidance.
- At our inspection in May 2021 we found there was variation in how staff told us they would report a safeguarding concern, which suggested roles and associated responsibilities in relation to policies, procedures and guidance to prevent abuse were not sufficiently embedded. At this inspection all staff we spoke with understood their roles and responsibilities to report safeguarding concerns and had access to appropriate support and guidance.
- At our inspection in May 2021 there had been no safeguarding meetings, including any partnership meetings with other relevant bodies to contribute to individual risk assessments or review outcomes for people using the service. At this inspection we found the provider had implemented monthly internal safeguarding meetings led by the safeguarding lead. The provider held a vulnerable child and adult risk register which was reviewed regularly. We reviewed the minutes of meetings from June 2021 to February 2022, which were accessible to staff. Additional safeguarding feedback was cascaded through the staff newsletter. The safeguarding lead told us they attended the Kirklees Safeguarding Lead meeting in September 2021. We saw that key points from the meeting had been discussed at the internal safeguarding meeting in October 2021. As part of this inspection our GP specialist adviser reviewed five safeguarding records and found entries and actions to be appropriate.
- At our inspection in May 2021 we found gaps in the recording of chaperone training and Disclosure and Barring Service (DBS) checks for staff who acted as a chaperone. At this inspection the provider was able to demonstrate appropriate training and DBS checks for all staff who acted as a chaperone. Staff we spoke with were able to describe their role and responsibility when chaperoning. We saw that notices were displayed at the three operational sites to advise patients that a chaperone service was available, if required.
- At our inspection in May 2021 we found the provider could not demonstrate that systems and processes were in place to ensure safe recruitment and we found gaps in recruitment records. At this inspection we saw that the provider had

initiated a recruitment check list and maintained staff recruitment and training files. We reviewed the employment records of four clinical staff and two non-clinical staff who had been recruited since our last inspection. We found evidence of curriculum vitae (CV) to demonstrate full employment history, interview summary, proof of identity, references, DBS check and professional registration, where appropriate.

- At our previous inspection we found the provider could not demonstrate an effective system to record the immunisation status of staff who were in direct patient contact (in line with guidance). At this inspection we saw that the provider had included immunisation status on their recruitment check list. From the selection of employment records reviewed we found the immunisation status had been recorded.
- The extended access service operated from three host GP practices. On the day of the inspection we visited three sites and observed the premises to be clean and tidy. At one site we found the cleaning store was untidy and cluttered and potentially posed a risk of cross-contamination of cleaning materials. Immediately after the inspection the provider sent evidence that they had contacted the location's practice manager and facilities management company responsible for the cleaning of the premises to address the findings.
- We saw that the Infection Prevention and Control (IPC) lead for the service had undertaken an IPC audit at each site.
- At our inspection in May 2021 not all staff we spoke with knew who the IPC lead was. In addition, we reviewed training records and found the provider could not demonstrate that all staff had completed IPC training in line with guidance. At this inspection all staff knew who the IPC lead was and how to escalate any IPC concerns. Staff had undertaken IPC training relevant to their role.
- Staff we spoke with knew how to access bodily fluid spill kits and described processes to clean rooms between patients. All staff had access to appropriate Personal Protective Equipment (PPE).
- The arrangements for managing waste and clinical specimens at the host sites kept people safe.
- At our inspection in May 2021 there was no formal process to oversee documentation relating to the premises and equipment safety at the operational sites. At this inspection we found the provider had established access to all maintenance records and risk assessments, through a portal managed by the facilities management company responsible for the host sites. We saw that the provider maintained an active spreadsheet with embedded documents using a RAG (green, amber, red) alert system to indicate when updates were required.
- We saw that the provider had undertaken a review of all consumables used at the operational sites and had initiated a system to stock clinical trolleys generically at each site. The check list did not include expiry dates and we found some vaginal speculums (used for cervical screening) to be out of date at one location. The provider removed these on the day of the inspection and replenished the trolley. Immediately after the inspection the provider sent evidence that they had updated the check list to include expiry dates of consumables.
- At our inspection in May 2021 the provider could not demonstrate that all staff had undertaken fire awareness training. At this inspection we saw fire safety formed part of the formal induction, including location of fire extinguishers, emergency exits and assembly point. Training records showed that fire awareness training was included on the mandatory training schedule on an annual basis. We reviewed some employment records and saw staff had undertaken fire awareness training.

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 required for the service. Arrangements were in place for ensuring that this requirement was fulfilled and took account of holidays, sickness and busy periods. We saw evidence that rotas were planned ahead.
- The number and times of consultations were fixed, in line with the provider's contract. There were no walk-in or non-pre-booked appointments. Consequently, there was no requirement for any system for dealing with surges in demand.

Good

Are services safe?

- At our inspection in May 2021 we found the provider had a formal induction policy in place but could not demonstrate that staff had undertaken an induction. At this inspection we saw evidence of a formal induction for clinical and non-clinical staff which included the inclusion of the Care Certificate Standards for healthcare assistants. Staff we spoke with told us they had received an induction on commencement and felt it prepared them for their role.
- The service was equipped to deal with medical emergencies (including suspected sepsis) at all host sites. There was oxygen and a defibrillator at each location. At our inspection in May 2021 we saw that at one operational location only adult oxygen masks were available and no warning signage on the door where oxygen was stored. At this inspection we found this had been addressed. We saw that the provider had recently initiated a check system to ensure emergency equipment was fit for use.
- At our inspection in May 2021 the provider could not demonstrate that all staff were suitably trained in emergency procedures, including basic life support (BLS), in line with guidance. At this inspection we saw training records showed that BLS training was included on the mandatory training schedule on an annual basis. We reviewed some employment records and saw staff had undertaken BLS training.
- At our inspection in May 2021 the service did not have a sepsis protocol in place and could not demonstrate that staff had undertaken sepsis awareness training. At this inspection we saw staff had access to a sepsis protocol and template within the clinical system. Sepsis training for clinical and non-clinical staff had been completed and added to the mandatory training schedule.
- Clinicians we spoke with knew how to identify and manage patients with severe infections including sepsis. Non-clinical staff we spoke with knew how to prioritise patients who reported symptoms that may be clinical emergencies. For example, sepsis, shortness of breath and chest pain.
- The service had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We saw emergency contact details were available for staff at the host locations.
- The provider held a service risk register and we saw that all identified risks had been assessed to define the level of risk by considering the category of probability against the category of impact on the service. All risks had been allocated a RAG (red, amber, green) rating based on this assessment.

Information to deliver safe care and treatment

At our inspection in May 2021 there were gaps in some systems and processes to ensure staff had the information they needed to deliver safe care and treatment to patients. At this inspection the service had reviewed and made improvements to systems and processes to enable staff to have the information they needed to deliver safe care and treatment.

- We reviewed 20 individual care records and found they were written and managed securely and in line with current guidance and relevant legislation.
- The provider had Information Commissioner's Office (ICO) registration in place.
- The same clinical system was used for all practices within the federation, so clinicians had access to patient information to enable them to deliver safe care and treatment.
- Referral letters contained specific information to allow appropriate and timely referrals.
- At our inspection in May 2021 we found there was no formal documented approach to ensure the management of blood test results in a timely manner, particularly when requesting clinicians were absent. At this inspection we found the provider had reviewed and updated their process for dealing with incoming pathology results. We saw that all incoming results were assigned to the GPs on duty each working day and not the requesting doctor. This enabled the service to deal with all results daily.
- At our inspection in May 2021 there was no failsafe system or processes for safety-netting cervical screening undertaken at the service. The provider did not monitor that a result was received for each cervical screening sample undertaken by their sample takers and sent for pathology. At this inspection the service demonstrated that it had

implemented a system to log all cervical smears undertaken and record that a result had been received. We saw that the provider had undertaken an audit and reviewed all patients who had had a cervical smear since commencement of the service, to assure themselves that a result had been received for each one. The provider planned to repeat this audit in October 2022, and we saw it was included on their annual audit schedule.

Appropriate and safe use of medicines

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

- Clinical staff we spoke with prescribed medicines to patients and gave advice on medicines in line with current national guidance.
- At our inspection in May 2021 the provider had not undertaken any formal audits of the service's prescribing, including prescribing by the non-medical prescribers. At this inspection we saw that the provider had undertaken some prescribing audits which included hypnotic prescribing at the service.
- The service held appropriate emergency medicines at each site. We saw that the provider had recently initiated a system to check expiry dates of emergency medicines. We checked a sample of emergency medicines at each location and saw they were in date.
- The service did not hold or administer any medicines which required refrigeration. At the time of our inspection the service did not undertake immunisations in the extended access service.
- The service did not dispense any medicines and did not hold any controlled drugs.
- We saw that prescription stationery was securely stored at each location. At our inspection in May 2021 we found a system to log prescription stationery had recently been implemented but had not commenced at all sites. At this inspection we saw that a system was in place to record prescription serial numbers distributed to printers. However, we found that prescriptions from separate printers had been mixed together and serial numbers were not sequential, which compromised the system. Immediately after the inspection the provider sent evidence that it had reviewed their processes and initiated a system to log and keep prescription stationery from each printer separate when locked away at the end of each clinical session.

Track record on safety

At our inspection in May 2021 the provider could not demonstrate that fully developed and embedded safety systems were in place. At this inspection we found the provider had reviewed their systems and processes and made improvements in all areas of concern found at our previous inspection to improve patient safety and drive quality improvement. In particular:

- There were systems and processes to report and respond to incidents and critical incidents/near misses to allow reflection and learning and so improve patient care.
- There was a system in place for receiving and acting on patient safety alerts.
- There was evidence of quality improvement, including clinical audit.
- Systems and processes at each of the operational sites had been set-up generically to promote safety. For example, emergency equipment and medicines and clinical trolleys were set up at each site in an identical manner to provide consistency for staff moving between each location.

Lessons learned and improvements made

- At our inspection in May 2021 the provider could not demonstrate an effective system to report, share, investigate, record and respond to incidents and critical incidents/near misses. We saw that only one incident had been recorded

Good

Are services safe?

in the past 12 months. At this inspection we saw the provider had reviewed their incident reporting processes and updated their incident policy. Staff we spoke with told us they were aware of the incident reporting process and the management team supported them with this. Staff told us that the service encouraged them to report incidents and were able to give some recent examples.

- At this inspection we saw that the provider had recorded 56 incidents since our last inspection across the three operational sites. The incidents we reviewed included clinical and non-clinical events. We saw these were reported and discussed at operational meetings and outcomes cascaded to staff through clinical meetings and a monthly newsletter. We reviewed clinical meeting minutes and newsletters where outcomes of incidents had been included.
- The leadership team demonstrated their awareness of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- At our inspection in May 2021 the provider could not demonstrate an established system and process to receive, review and act on patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS). At this inspection we saw that all alerts were received to a generic email, which was accessible by several staff to ensure no alerts were missed when staff were absent. Each alert was reviewed for its relevance by a clinician, action taken where relevant and cascaded to staff for information. We saw that alerts were included in the monthly staff newsletter. The provider maintained a log of all alerts received. We reviewed the log and saw that some recent alerts had been acted upon and shared with staff.

Good

Are services effective?

At our inspection on 25 May 2021 we rated the provider as inadequate for providing effective care, as we found concerns with staff induction, training, appraisals, systems to distribute and discuss clinical guidance and quality improvement, including clinical audit.

A focused enforcement follow-up inspection was undertaken on 14 September 2021 where we found the provider had reviewed their systems and processes and had made improvements in all the areas of concerns found at our previous inspection.

At this inspection the provider demonstrated continued improvements with regards staff induction, training, appraisals, systems to distribute and discuss clinical guidance and quality improvement, including clinical audit. The provider is now rated good for providing an effective service.

Effective needs assessment, care and treatment

- At our inspection in May 2021 the provider could not demonstrate an effective system and process to keep clinicians up-to-date with current evidence-based practice. We found there were no clinical meetings or other systems in place to cascade information. At this inspection we found the provider had commenced monthly clinical meetings and a monthly newsletter. We saw from minutes of clinical meetings and the newsletters that updated clinical guidance was shared.
- Clinicians we spoke with told us a clinical decision support tool was integrated into the clinical system which allowed easy access to the latest evidence-based guidance resources and templates. The provider told us this tool provided efficiency, consistency, clinical effectiveness and safety.
- We spoke with clinicians and reviewed 20 clinical records and found from those reviewed that clinicians assessed needs and delivered care and treatment in line with current legislation, standards, protocols and guidance.
- 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.
- Reception staff knew to contact the duty GP for any patients presenting with high-risk symptoms, such as chest pain or difficulty in breathing.

Monitoring care and treatment

The provider had a programme of quality improvement activity, including clinical audit, and reviewed the effectiveness and appropriateness of the care provided.

- At our inspection in May 2021 the provider did not have a programme of quality improvement activity, including clinical audit to monitor outcomes of care and treatment. At this inspection we found the provider had implemented a clinical and non-clinical audit schedule for 2021 and 2022. We discussed the outcomes of several audits, including hypnotic prescribing, urgent two-week wait referrals and cervical screening audit.
- There was a schedule of clinical notes and prescribing reviews for GPs and non-medical prescribers. Outcomes were fed back to clinicians. Clinicians we spoke with confirmed this.

Effective staffing

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

- At our inspection in May 2021 the provider could not demonstrate a consistent formal induction programme for new staff, which prepared them for their role. At this inspection we saw that the provider had reviewed their induction processes, including role-specific induction documentation. We reviewed induction documentation for a healthcare

assistant and saw that this now included the Care Certificate Standards for Healthcare Assistants. We reviewed the employment records of four clinical staff and two non-clinical staff who had been recruited since our last inspection and saw that induction processes had taken place. We spoke with some staff who had commenced since our last inspection and they confirmed the induction process and said it prepared them for their role. They also told us that they felt supported during operational hours and could contact the management team if required.

- We saw the provider had identified a schedule of mandatory training which included safeguarding children and adults, chaperoning, Mental Capacity Act (MCA), infection prevention and control (IPC), basic life support (BLS), sepsis (clinical and non-clinical), data security awareness, fire awareness, health and safety and equality and diversity.
- At our inspection in May 2021 the provider could not demonstrate an effective system to record the training of individual staff members at the commencement of their employment or had a system in place to ensure that training remained up-to-date in line with guidance. At this inspection we found that the provider had implemented a training matrix to oversee all staff training. We reviewed the system and saw it defined all training identified as mandatory and role-specific, with the frequency of updates required. The provider used a RAG (green, amber, red) alert system to indicate when training was due and sent out reminders for staff. We saw that there were some gaps in recorded training and some staff were due for update training. Staff we spoke with told us they received training reminders. The provider told us that where staff were unable to provide appropriate training assurance following reminders then they could activate an option to pause sessions in the service for those staff.
- The provider had a system in place to capture the training of those staff who were employed in the federation GP practices during core hours to avoid duplication of training.
- We reviewed the employment records of two clinical staff who had been recruited since our last inspection and saw that evidence of mandatory training had been recorded.
- At our inspection in May 2021 the provider could not demonstrate an effective system of regular appraisal for staff. At this inspection the provider had implemented an appraisal schedule for clinical and non-clinical staff. We found that the clinical lead GP had undertaken appraisals of the advanced nurse practitioners and advanced care practitioners. The lead nurse had undertaken appraisals of the practice nurses and healthcare assistants. Some reception supervisors had undertaken appraisal training and would be part of the appraisal process of reception staff. We saw there was a schedule of forthcoming appraisals in place and an alert on staff files when an annual appraisal was due.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The service served a patient population of approximately 195,000 registered at 27 GP practices. The service was commissioned to provide an extended access service from three locations on Monday to Friday 6.30pm to 9.30pm, on Saturday from 9am to 4pm, on Sunday from 9am to 1pm and Bank Holidays from 10am to 2pm. All sessions were led by a GP or advanced nurse practitioner (ANP). Some extended access sessions were supported with practice nurse appointments providing cervical screening, simple wound care and long-term condition review. Healthcare assistant appointments provided access to phlebotomy services.
- Staff working at the service had access to each patients' full clinical record. All practices whose patients accessed the service shared a common clinical system. Staff were able to view correspondence within the record, order further tests or make referrals when appropriate.
- Information was relayed to patients' own GP via the clinical system.
- Patients with vulnerability factors were identified via a 'flagging' system on the patient record and could be viewed by staff.
- We saw that details were entered into the patients' electronic record at the time of the consultation.
- There were arrangements in place for booking appointments. All appointments were pre-booked by the patient's own GP practice and NHS 111. Appointments included face-to-face and telephone consultations. There were no walk-in patients.

Good

Are services effective?

- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- There was a system in place to monitor urgent two-week wait referrals.
- There was a system for safety-netting cervical screening samples sent for pathology.

Helping patients to live healthier lives

As an extended access service, the provider was not able to provide continuity of care to support patients to live healthier lives in the way that a GP practice would. However, we saw the service demonstrate their commitment to patient education and promotion of health and well-being advice.

Staff we spoke with demonstrated a knowledge of local and wider health needs of patient groups who may attend the extended access services. Clinicians told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

Where patients need could not be met by the service, staff 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.

- Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- Staff acting as chaperones told us that consent and details of who had been the chaperone was recorded in the patient’s clinical notes.
- We saw that Mental Capacity Act (MCA) and consent training was included as part of the mandatory training schedule.

Good

Are services well-led?

At our inspection on 25 May 2021 we rated the provider as inadequate for providing well-led care. A Warning Notice was issued as the provider could not demonstrate that systems and processes were established and operated effectively to ensure compliance with the requirements to demonstrate good governance. In particular:

- **We found systems and processes for safeguarding, safe recruitment, oversight of premises and equipment at the operational sites, management of blood results and cervical screening, referral process to the microsuction service, significant events, patient safety alerts were not sufficiently established and operated to ensure safe care.**
- **We found systems and processes for staff induction, training, appraisals, clinical guidance updates and quality improvement, including clinical audit were not sufficiently established and operated to ensure effective care.**

A focused enforcement follow-up inspection was undertaken on 14 September 2021 where we found the provider had reviewed their systems and processes and had made improvements in all the areas of concern found at our previous inspection.

At this inspection the provider showed continued improvements to demonstrate that systems and processes were established and operated effectively to ensure compliance with the requirements to demonstrate good governance. The provider is now rated good for providing a well-led service.

Leadership capacity and capability

Leaders demonstrated they had the capacity and skills to deliver a high-quality service.

- The provider had been responsive to the findings of our previous inspection and we found continued improvement in systems and processes seen at our follow-up inspection in September 2021 to demonstrate safe, effective and well-led care.
- At our inspection in May 2021 there had been management changes at the organisation and not all staff we spoke with knew the management team and designated leads. At this inspection staff told us that the management and operational team were visible and approachable during operational hours. Staff knew which staff were in designated lead roles and how to contact them.
- The provider had identified their operational management structure and told us they would continue to review their systems and process to ensure their resilience and sustainability.

Vision and strategy

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

- The provider told us they were committed to providing high quality, holistic, patient focussed care whilst consistently striving towards enhancing and sustaining existing services to benefit patients and the federations practices.
- We saw that the provider's vision and services of how they achieve their aim was outlined on their patient-facing website.

Culture

The service had created a culture to support high-quality care.

Good

Are services well-led?

- Staff we spoke with stated they felt respected, supported and valued. They were happy to work in the service.
- There were measures in place to ensure the safety and well-being of all staff. For example, there were two non-clinical staff working at each location at all extended access sessions. Staff told us they felt safe and supported during operational hours.
- Staff told us there were positive relationships between staff, and the clinical lead and operational manager were approachable and accessible when needed.
- The provider had a whistleblowing policy in place and a nominated Freedom to Speak Up Guardian. At our inspection in May 2021 not all staff we spoke with knew who the Freedom to Speak Up Guardian was. At this inspection we found staff knew who the designated lead was and how to access guidance.
- The management team were aware of the requirements of the duty of candour. There was a duty of candour policy in place. At our inspection in May 2021 not all staff we spoke with understood the term duty of candour and their responsibilities in relation to this. At this inspection we found staff were familiar with the requirements of duty of candour and how to access guidance. All staff we spoke with felt the service was open and transparent and would address any concerns.
- Staff told us they felt able to raise concerns without fear of retribution.
- At our inspection in May 2021 staff told us that although they were not discouraged to raise incidents they were also not encouraged and there was variation in the way staff told us they would raise an incident. At this inspection staff told us there had been a focus on incident reporting. Staff felt confident to raise an incident. We saw outcomes of incidents were cascaded to staff through minutes of meeting and in the monthly bulletin.
- The provider had identified equality and diversity training as part of their mandatory training schedule.

Governance arrangements

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

- At our inspection in May 2021 we found that there was a lack of systems and processes established and operated effectively, to ensure compliance with the requirements to demonstrate good governance. At this inspection we found that improvements had been made in systems and processes to ensure safe care in relation to safeguarding, recruitment, oversight of premises and equipment at the operational sites, management of blood results and cervical screening, significant events and patient safety alerts. In addition, we found that improvements had been made in systems and processes to ensure effective care in relation to staff induction, training, appraisals, systems to distribute and discuss clinical guidance and quality improvement, including clinical audit.
- At our inspection in May 2021 the provider was unable to demonstrate an effective communication system to keep staff informed and to discuss safety and quality outcomes, for example, incidents, alerts, clinical guidance. At this inspection we found the provider had commenced monthly clinical meetings, administration meetings, and introduced a monthly staff newsletter. All staff we spoke with and feedback received through staff questionnaires distributed during the inspection period said communication had improved significantly. They knew who the management and operational team were. Staff told us they were able to contact leaders during operational hours.
- We saw that policies were available at all host sites. The provider used a Quality Compliance System (QCS) which held their policies and procedures and enabled the service to know that staff had accessed and read them. At our inspection in May 2021 not all staff knew how to access this system. At this inspection, all staff we spoke with told us they had access to the system and were able to access policies and procedures.
- There were processes in place to review and update policies and procedures. The provider had amended some policies to reflect their own processes, for example recruitment and induction.
- The service had established a meeting structure which included operational, clinical, safeguarding and administration meetings, which were minuted. The provider had introduced a monthly staff newsletter and continued with email communication to keep staff up-to-date with safety and quality outcomes.

Good

Are services well-led?

- Staff we spoke with were clear on lead roles and responsibilities, for example, safeguarding and infection prevention and control.

Managing risks, issues and performance

At our inspection in May 2021 we were not assured that there were effective structures, processes and systems in place which included appropriate accountability and oversight to support performance and identify, manage and mitigate current and future risk. At our focused follow-up inspection in September 2021 we found the provider had reviewed and made improvements to their systems and processes to manage and mitigate risk. At this inspection we found there had been further refinement of processes and improvement to systems to drive quality and care and outcomes for patients.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making in the extended access service. We saw that the provider acted on appropriate and accurate information.

- The service submitted data or notifications to external organisations, including the Care Quality Commission, as necessary.
- Arrangements for data security, patient confidentiality and data management systems were appropriate.

Engagement with patients, the public, staff and external partners

The provider involved patients, staff and external partners to drive high-quality sustainable services.

- The provider engaged with the local Clinical Commissioning Group (CCG), attended contract meetings and provided a delivery and performance report, which included utilisation of the service and quality assurance updates, for example, complaints, incidents and patient survey feedback.
- As part of the inspection processes we conducted staff interviews using video conferencing and requested feedback from staff through a questionnaire. All staff gave positive feedback about working for the service.
- A staff survey had been carried out in September 2021 which showed positive feedback from all grades of staff in relation to working for the service and the support provided.
- The service obtained feedback from patients in the form of a formal patient survey, compliments slips, complaints and direct feedback during clinical encounters.
- We reviewed compliments slips received at all three sites and saw patients found the service to be convenient and efficient and staff to be helpful, friendly, professional and reassuring.
- We reviewed the outcome of the provider's patient survey undertaken in 2021 and found positive patient feedback about access to the service and care provided at all three sites. We found, based on 138 responses, that:
- 58% of respondents rated the care they received as excellent and 39% as good.
- 97% of respondents said they would recommend the service.
- 98% of respondents said they would use the service again in the future.
- 96% of respondents accessed their appointment through their GP and 4% through NHS 111.
- 51% of respondents said it was very easy to book an appointment and 36% said it was easy.
- 63% of respondents said the location of the service was extremely convenient and 32% said the location was very convenient.
- 23% of respondents said they would have gone to accident and emergency (A&E) if they had not been able to access their appointment, 13% said they would have contacted a GP Out of Hours Service, 52% would have waited for an appointment at their normal GP practice, 9% would have ignored their health problem and 3% would have gone to a pharmacy.

Good

Are services well-led?

Continuous improvement and innovation

- The provider continued to contribute to the local health agenda and work in partnership with local NHS trusts, council, voluntary sector and other commissioned providers to deliver patient care. The provider worked in alliance with other health care providers to deliver services in the community.