

Sheffield City GP Health Centre

Inspection report

Rockingham House
75 Broad Lane
Sheffield
S1 3PB
Tel: 01142412700

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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 to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection 23 April 2023 – Inadequate)

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 Sheffield City GP Health Centre to follow up on areas that were found to be in breach of regulation at the previous inspection in April 2023. At the inspection in December 2023 we rated the practice good overall and for providing safe, effective, caring, responsive and well-led service. We found significant improvements had been made to ensure that care and treatment was provided in a safe way to patients and the provider had established effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

At this inspection we found:

- The service had implemented a new management structure and had proactively addressed breaches in regulation found at the inspection in April 2023. This had led to improved and appropriate systems and processes including oversight, governance, improved culture and monitoring of safe systems.
- There were systems in place to safeguard children and vulnerable adults from abuse and staff knew how to identify and report safeguarding concerns.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with dignity and respect.
- Waiting times to be seen, referred or discharged had improved with the provider meeting the key performance indicators set out by the commissioners.
- Staff feedback was greatly improved with staff saying they had seen a lot of positive changes since the last inspection and staff morale had also improved. Staff told us they felt able to raise concerns and that these were listened to.
- Complaints were handled appropriately and incidents and complaints were used to drive improvement.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The provider had a comprehensive training and development plan in place and had introduced formal clinical supervision for staff.

The areas where the provider should make improvements are:

- Consider inviting regular locum staff to the formal clinical supervision sessions.

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

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

Background to Sheffield City GP Health Centre

Sheffield City GP Health Centre (also known to patients as the Walk-In Centre) is based in Sheffield city centre. There is disabled access to the building and a lift although most patients are seen in the ground floor clinical rooms. There is no onsite car park although there is nearby parking in the city centre.

The provider is One Medicare Ltd who have a contract with Sheffield Teaching Hospitals Trust to provide an urgent care service. Patients can either walk-in or are referred in by NHS 111. The service is accessible to all patients including those not registered with a GP.

The provider also operates 16 sites across the UK, ranging from registered GP practices, walk-in centres and urgent care centres. The provider's head office and operations centre is based in Leeds, West Yorkshire.

The provider at this location is registered with CQC to deliver the regulated activities of diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, family planning and surgical procedures. The services from this location are situated within the NHS Sheffield South Yorkshire Integrated Care Board area.

The service is open 7 days a week between the hours of 8am and 10pm. This includes Bank Holiday periods. At the time of the inspection staff consisted of 3 GPs, 4 advanced nurse practitioners, 4 clinical practitioners and 1 triage nurse. The provider had successfully recruited further clinical staff who were due to commence employment in January 2024. These were 2 GPs, 3 advanced nurse practitioners and 2 triage nurses. The service also used locum agencies to supply regular clinical locum staff to support the service. The clinical staff are supported by a team of patient navigators and a dedicated urgent care management team.

Are services safe?

We rated the service as good for providing safe services because:

- At the inspection in April 2023 there had been substantial or frequent staff shortages which increased risks to people who used services. At this inspection we observed the provider had successfully recruited 8 staff to clinical roles, 3 had commenced in post and 5 were due to start in January 2024. The provider had also streamlined their appointment system so they could manage the rotas to ensure there were appropriately trained staff to deal with the full spectrum of possible patients presenting conditions on duty at all times.
- Updates had been made to the IT system following the inspection in April 2023 enabling staff to have the relevant information they needed to deliver safe care and treatment to patients.
- Medicines management had improved following the inspection in April 2023. We observed the provider had completed actions identified on a recent medicines risk assessment carried out in conjunction with the commissioners. Directives to non-prescribers were authorised in line with national guidance and there was an effective system in place to document the actions taken in response to Medicines and Healthcare Products Regulatory Agency (MHRA) medicines alerts and how this information was disseminated to staff.
- All equipment used to treat patients was now tested or maintained according to manufacturer's instructions including equipment used by locum staff.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had 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 clearly who to go to for further guidance. Updates had been made to the IT system ensuring staff had the relevant information they needed to deliver safe care and treatment to patients. All staff were now able to access summary care record information, see special notes including safeguarding alerts and were able to access the electronic prescription service.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Safeguarding referrals were being made to social services when required and there was a comprehensive tracker of all safeguarding concerns which recorded the actions taken by the service.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). We observed actions were being taken to mitigate risks identified on IPC audits and this was being monitored.
- The premises were clinically suitable for the assessment and treatment of patients. We observed cleaning processes had been improved since the last inspection and were being effectively monitored. Extra seating had been added to the waiting area and we saw systems had been implemented since the last inspection to maintain the equipment used by staff and locum staff according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

Are services safe?

Systems to assess, monitor and manage risks to patient safety had improved since the previous inspection.

- There were arrangements for planning and monitoring the number and mix of staff needed. At the inspection in April 2023 there had been substantial or frequent staff shortages which increased risks to people who used services as there was not always enough staff available to deal with the full spectrum of possible patient presenting conditions. At this inspection we observed the provider had successfully recruited several new key staff to clinical roles and had further staff due to start in January 2024. The provider had streamlined their appointment system to ensure there were appropriately trained staff to deal with the full spectrum of possible patient presenting conditions on duty. The provider had met their key performance indicator (KPI) for patients being seen, transferred or discharged within 4 hours consistently between April 2023 and October 2023 (this had previously fallen below the 95% target consistently between October 2022 and February 2023). Also, the number of patients seen within 60 minutes of booking in for their appointment had improved to 94% - 95% between April and October 2023 (this had previously fallen consistently below the 95% target between August 2022 and February 2023, down to 80.95% in December 2022).
- The system for dealing with surges in demand had improved since the previous inspection when staff reported they felt obliged to stay longer than their shift hours to see patients who presented at the service just before 10pm. Staff told us this had improved and we reviewed rotas since the last inspection which confirmed this. Senior staff were available on site for staff to escalate their concerns to.
- There was an effective induction process for temporary staff tailored to their role with locum staff receiving a comprehensive induction pack.
- 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.
- The service employed a security guard to support patients and staff in the waiting area.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Updates had been made to the IT system since the previous inspection in April 2023 ensuring staff had access to the relevant information they needed to deliver safe care and treatment to patients. All staff were now able to access summary care record information and were able to access the electronic prescription service.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, with the patient's own GP.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines had improved. We observed the provider had completed actions identified on a recent medicine risk assessment carried out in conjunction with the commissioners. Directives to non-prescribers were all authorised in line with national guidance and there was an effective system in place to document the actions taken in response to MHRA (medicines) alerts and how this information was disseminated to staff.
- The systems and arrangements for managing medical gases, emergency medicines and equipment minimised risks.

Are services safe?

- The service kept prescription stationery securely and monitored its use.
- The service carried out medicines audit on individual prescribers to ensure prescribing was in line with best practice guidelines for safe prescribing and we observed actions were taken to address any issues identified.
- Processes were in place for checking medicines stock and staff kept records of medicines. The service monitored the temperature of the room where medicines were stored and had implemented a plan of what to do if the room temperature exceeded recommended levels. The service did not stock medicines that required refrigeration.
- The service stocked some antibiotics, emergency contraception and some pain relief medicines. Arrangements for dispensing these medicines was appropriate.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and we saw actions were being taken to mitigate risks identified. For example, fire drills and fixed wire electrical testing.
- 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.
- The system for receiving and acting on national safety and MHRA (medicine) alerts had been reviewed. Actions taken were now clearly recorded and disseminated to staff. Medicines alerts were also linked to the clinical computer system for staff to access easily.

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. The monitoring matrix had been updated following the inspection in April 2023 to include actions taken. These were discussed at meetings attended by staff and staff were knowledgeable about recent incidents. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, learning sessions and guidance had been developed for all clinical staff following a prescribing error.

Are services effective?

We rated the service as good for providing effective services because:

- At the inspection in April 2023, the service did not have a system to provide clinical staff with appropriate formal clinical supervision and staff were not given protected time for training and development or for carrying out lead roles. At the inspection in December 2023, a system had been implemented for staff to receive formal quarterly clinical supervision, staff in lead roles had received specific training and time had been built into rotas for those who had lead roles.
- At the inspection in April 2023, there was an insufficient skill mix of staff to deal with the full spectrum of possible patient presenting conditions. For example, children under the age of 2 years. At the inspection in December 2023 we observed the provider had successfully recruited several new key staff to clinical roles and had further staff due to start in January 2024. They had also streamlined their appointment system so they could manage the rotas to ensure there were appropriately trained staff on duty, including senior clinical staff acting as shift leads to deal with the full spectrum of possible patient presenting conditions. A standard operating procedure (SOP) for treating children under the age of 5 years had been implemented which established a pathway with Sheffield Children's Hospital duty doctor for advice and support. All staff were trained to the appropriate levels.
- At the inspection in April 2023, the organisation was not meeting its 4 hour target for patients to be seen, referred or discharged by the service as agreed with the commissioners. They had continually achieved less than the 95% target between October 2022 and February 2023, reaching 83.8% in November 2022. At the inspection in December 2023 it was observed that this had significantly improved, achieving between 95% and 98.7% from April 2023 to October 2023.
- At the inspection in April 2023, the clinical computer system did not allow access to the national spine as not all staff could use their smartcard. This meant details within patients' summary care records and the electronic prescription service were not visible to all staff. At the inspection in December 2023 we observed updates had been made to the IT system and staff had the relevant information they needed to deliver safe care and treatment to patients.

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 by audit of individual records audits. Any updates to guidance were brought to the staff meeting by the Learning and Development lead.
- 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 for their needs.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

- The service carried out audits of individual clinicians note taking and prescribing. At the inspection in April 2023, it was observed from the tracker and from data submitted to the commissioner that the majority of outcomes for audits were discussed with staff at team huddles though it was not clear from the tracker which dates these had been discussed or

Are services effective?

which staff were in attendance at these meetings. At the inspection in December 2023, we observed prescribing audits were now completed on an IT platform which allowed action plans to be created on a dashboard. Action plans were updated on the monitoring tracker and lessons learned were shared with staff at team meetings and on the lessons board in the staff area.

- The service made improvements through the use of completed 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.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The provider had successfully recruited more GPs and Advanced Nurse Practitioners and had streamlined the booking in system to ensure there was a shift lead on duty at all times which ensured there was staff who could deal with the full spectrum of possible patient presenting conditions. For example, children under the age of 2 years.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff and for locum staff. Locum staff were issued with a comprehensive locum pack.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop and staff who had lead roles had received specific training for the role and were given time to do the role.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals and formal clinical supervision. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. The provider had introduced a comprehensive learning and development plan following the inspection in April 2023 which included introduction of formal quarterly clinical supervision sessions for employed clinical staff. The service also had a library of information to support staff and the learning and development lead attended daily huddles and team meetings to update staff on any new best practice guidance.

Coordinating care and treatment

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

- Patients received coordinated and person-centred care. Staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. Staff would book vulnerable patients directly into an appointment with their own GP practice to ensure continuity of care, where necessary.
- Staff documented all consultations within the patients' clinical records. This information was accessible to patients' own GPs and other services including secondary care.
- 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.

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. For example, the service had established a well-being service. Patients who attended with low mood or anxiety could be referred to the well-being nurse or advisor who would provide appropriate signposting to support services.

Are services effective?

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, A&E.

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.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated the service as good for caring.

- At the inspection in April 2023, some people who used the service had concerns about the way staff treated people. Patient feedback was mixed, with some patients being happy with the way they were treated by staff and others stating staff did not treat them with kindness or respect. At the inspection in December 2023 we observed feedback from patients had improved.
- At the inspection in April 2023 we observed there was not enough seating in the reception area with people sitting on the floor as there were not enough chairs. At the inspection in December 2023 we observed more seating was available.

Kindness, respect and compassion

At the inspection in April 2023 there was mixed feedback about how staff treated patients with some patients being happy with the way they were treated by staff and others stating staff did not treat them with kindness or respect. At the inspection in December 2023 we noted feedback into CQC and on external feedback forums between April 2023 and December 2023 was either positive about their experience or related to length of time to be seen and one about cleanliness of the premises. The provider told us staff had received customer service training and had received a copy of the dignity and respect policy and expectations had been discussed with staff in team meetings.

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 their first language.
- Staff communicated with people in a way that they could understand, for example, communication aids and leaflets in different languages.
- 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.

- Prior to the inspection in April 2023, we had received feedback from some patients who said they could hear what was being said at the reception desk. However, the provider had two perspex screens in place, a stand back sign to approach reception and background music playing. Following the inspection in April 2023, the provider had created a private area for patients who wished to discuss matters in confidence or who required support completing forms.
- At the inspection in April 2023 we observed people to be standing or sitting on the floor in the waiting room as there were not enough chairs for them to be seated. At the inspection in December 2023, we saw the provider had implemented more seating and had utilised all the space available to them in the reception area.
- 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.

Are services responsive to people's needs?

We rated the service as good for providing responsive services because.

- At the inspection in April 2023 patients did not have timely access to diagnosis and treatment and the service did not have an effective system in place for dealing with surges in demand with staff staying longer than their working hours to see patients. At the inspection in December 2023 we saw that the provider had successfully recruited more clinical staff and had implemented a new operational model with dedicated workstreams for patients attending the service with a dedicated shift lead on duty which staff told us had improved the late finishes.

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.

- At the inspection in April 2023 patients did not have timely access to diagnosis and treatment and the organisation was not meeting its 4 hour target for patients to be seen, referred or discharged by the service as agreed with the commissioners due to staff shortages. At the inspection in December 2023 the service had successfully recruited 8 clinical staff and had implemented a streaming system which included a senior clinician as shift lead who had oversight of the session and could support the team. This ensured there was enough staff to deal with the full spectrum of patient presenting conditions, including children under the age of 2 years.
- At the inspection in April 2023 the service did not have an effective system in place for dealing with surges in demand with staff regularly staying longer than their working hours to see patients. At the inspection in December 2023, extra clinical staff had been recruited and a new operational model for seeing patients with dedicated workstreams had been implemented in November 2023. Audit of late finishes in November 2023 showed the latest finish to be 20 minutes. Staff reported late finishes were a lot less than before.
- The facilities and premises were appropriate for the services delivered. The provider had addressed the cleanliness of the premises with the cleaning company and had put more chairs in the waiting room.
- The service operated a well-being service for patients. Patients who attended with low mood or anxiety would be seen by the wellbeing nurse or advisor who would refer patients to the appropriate pathway to support them. We saw this service had received positive reviews from patients on the provider's feedback forms.

Timely access to the service

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

- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- On arrival all patients were asked to complete a form with personal details and reason for attendance. The provider used a recognised triage model to ensure patients were triaged by a triage nurse and streamlined into 1 of 5 categories depending on clinical need. They used an operational method to assign see and treat, referrals from 111 and children under the age of 16 years to be seen by a dedicated clinician. There was also a senior clinician on duty as shift lead who had oversight and supported staff.
- Patients were able to access care and treatment at a time to suit them. The service operated from 8am to 10pm, 7 days a week including bank holidays.
- The service used key performance indicators (KPIs) that had been agreed with its commissioners to monitor their performance. These had improved since the inspection in April 2023. The service shared with us the performance data from April 2023 to October 2023:
 - An average of 96.5% of people who arrived at the service were seen, referred or discharged within 4 hours. This was better than the target of 95%.

Are services responsive to people's needs?

- An average of 94.38% of people who attended the service were seen within 60 minutes of booking into the service. This was slightly below the target of 95%. However, from 1 November 2023 the provider had implemented a new streamlining system. Data from November 2023 showed 98.34% of patients were seen within 60 minutes of booking into the service.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, A&E.

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 and analysed themes and trends to drive improvement.

- Information about how to make a complaint or raise concerns was available. The provider gave all patients a feedback form and complaints forms were available in reception.
- The complaint policy and procedures were in line with recognised guidance. Twenty four complaints had been received since the inspection in April 2023. We reviewed 3 of these and found that they were satisfactorily handled and the complainants received a comprehensive letter giving an apology where necessary, full explanation and signposting to the Parliamentary and Health Services Ombudsman should they not be happy with the service's response.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a key theme identified by the provider was staff attitudes and behaviours. This resulted in staff receiving customer service training, liaising with the locum agency, display of communication on how to speak with patients effectively being displayed in the staff training area and discussion at team meetings.

Are services well-led?

We rated the service as good for well-led because.

- At the inspection in April 2023 the delivery of safe high-quality care was not assured by the leadership, governance or culture of the service as there was a lack of oversight and monitoring of systems and processes and delays in taking action to identified issues. At the inspection in December 2023 we observed the service had implemented a new management structure and had proactively addressed breaches in regulations found at the inspection in April 2023. This had led to significant improvements in systems and processes including improved oversight, culture, governance and monitoring of safe systems.

Leadership capacity and capability

Leaders had the experience, capacity and skills to deliver the service strategy and deliver high quality sustainable care. Following the inspection in April 2023, the service had implemented a new management structure and had proactively addressed breaches in regulations found at the inspection in April 2023. This had led to significant improvements in systems and processes including improved oversight, culture, governance and monitoring of safe systems seen at the inspection in December 2023.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, successful recruitment of clinical staff and streaming of patients attending the service and ensuring there were appropriately trained staff on duty to deal with the full spectrum of patient presenting conditions.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use. Staff we spoke with reported managers had an open door policy and felt listened to.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. A new clinical service manager was in post and being mentored by the head of quality. The provider had started the process to make changes to the registered manager for the service with CQC.

Vision and strategy

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

- There was a clear vision and set of values to provide good outcomes for patients.
- Staff were aware of and understood the vision to provide a high-quality service.
- The provider monitored progress against delivery of the strategy.

Culture

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

- At the inspection in April 2023 not all staff reported they could go to management for support without fear of retribution whilst other staff told us they felt supported. As part of the inspection in December 2023 we emailed all staff individually who worked at the practice and locum agencies used by the service. We received feedback from 15 staff and 7 locum staff, we also spoke with 8 staff during the inspection. All who had worked at the service between July and December 2023 reported that morale had improved significantly, all said they felt supported by the new management team, felt listened to and able to approach management. They reported changes had been put in place for the better.
- Staff we spoke with told us they felt respected, supported and valued. They were proud to work for the service.
- Staff we spoke with told us they were able to raise concerns. The provider had a Freedom to Speak Guardian and external arrangements if required. Staff we spoke with were aware of how to contact these.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Are services well-led?

- At the inspection in April 2023 staff we spoke with told us they felt obliged to stay after their shift had finished or the service had closed to see patients. At the inspection in December 2023 we saw the provider had taken action to recruit more clinical staff and a new streaming service had been implemented in November 2023. An audit showed the latest finish in November 2023 was 20 minutes. Staff also reported late finishes had improved. The provider was monitoring this to ensure the improvement continued with the new streaming system in place.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. The provider had implemented formal clinical supervision for staff and staff in lead roles had received specific training.
- There was a strong emphasis on the safety and well-being of all staff. The service had implemented a wellbeing hub for staff and also supported staff with enhanced payments for car parking and cost of living.
- Staff were given protected time for training, professional development, lead duties or evaluation of their clinical work.
- The service promoted equality and diversity. Staff had received equality and diversity training. Staff had been given a quiet room for prayer to accommodate religious beliefs.
- Relationships between staff and teams had improved since the inspection in April 2023 with staff telling us they felt able to approach management and felt listened to.

Governance arrangements

At the inspection in April 2023 governance arrangements did not always operate effectively. Improvements were seen at the inspection in December 2023 with improved oversight and monitoring of systems and processes. For example, there was improved oversight of actions taken on audits, improved system processes and improved monitoring.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. At the inspection in December 2023 we saw improvements to infection control and cleaning systems, oversight of medicines management had improved with regard to prescribing directives and medicines and safety alerts.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Leaders had established policies and procedures. Managers had also implemented several standard operating procedures following the previous inspection to support staff for example, treating patients under 5 years. These were available to staff on the shared intranet.

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. At the inspection in April 2023 these processes had not always been effective, for example, lack of safety checks of all medical equipment, processes to ensure action had been taken when risks identified on the IPC audit and delays in rectifying systems that did not work like the IT system. Action had been taken to address all risks identified and the provider had also carried out other risk assessments, for example, a medicine management risk assessment to understand current and future risks.
- 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

Are services well-led?

had oversight of medicines alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with commissioners 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.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service engaged with patients and staff regarding services.

- Staff feedback had been gained via annual staff surveys. The provider had also carried out regular surveys throughout the year. The most recent survey in November 2023 had been completed by 7 staff members, 100% reported a positive change in team work and 60% reported morale had improved.
- Patient feedback had been gained by issuing all patients with a departure slip following their assessment which gave advice on next steps and a QR code to scan to submit feedback. The service also utilised the national friends and family test and had a 'you said' 'we did' board in the reception area which was updated monthly to feedback to patients actions taken. For example, the service had implemented colouring packs for children whilst they waited to be seen, fidget toys for patients to use to reduce anxieties whilst waiting and a quieter waiting space for those that required it.

Continuous improvement and innovation

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

- At the inspection in April 2023 clinical staff were not receiving formal clinical supervision support, staff did not receive specific training or protected time to carry out additional duties associated with lead roles. At the inspection in December 2023 we observed systems and processes had been implemented to address this. Staff now received quarterly formal clinical supervision sessions and were given protected time for lead roles.
- There was a focus on continuous learning and improvement at all levels within the service and staff were supported to progress. For example, staff were being supported with the advanced nurse practitioner courses.
- The service made use of incidents and complaints. Learning was shared and used to make improvements.

Are services well-led?

- The service was in the process of developing a virtual engagement group where members of the public would work with the service to improve and drive improvements. This was being advertised at the service for participation at the time of the inspection.