

# Kingston General Practice Chambers Limited

# Kingston Health Centre

## Inspection report

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### Ratings

#### Overall rating for this service

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 service is rated as Good overall.** This service has not been inspected previously.

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 of Kingston General Practice Chambers on 14 and 15 March 2019 as part of our inspection programme; this included visiting and inspecting all three of the Chambers' registered locations. Kingston Health Centre was visited as part of this inspection on 14 March 2019.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen; however, in some areas policies and procedures required review,

# Summary of findings

and the service was in the process of addressing this at the time of the inspection. We saw evidence that when safety incidents did happen, the service learned from them and improved their processes.

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. These reviews provided some assurance that care and treatment was being delivered according to evidence-based guidelines; however, in respect of the extended hours service, the audit programme did not include wide-scale reviews, for example, to ensure appropriate antibiotic prescribing.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Review the risk assessment process in respect of pre-employment Disclosure and Barring Service checks.
- Review the arrangements in place for ensuring that medicines are prescribed according to appropriate guidance, in particular, in relation to monitoring antimicrobial prescribing and ensuring a fully documented audit trail of the handling of medicines and safety alerts.
- Review the information provided to staff in respect of reporting significant events to ensure that all staff are aware of the location of the reporting form.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

# Kingston Health Centre

## Detailed findings

### Background to this inspection

Kingston General Practice (GP) Chambers is a federation of all 21 NHS GP practices within the Royal Borough of Kingston upon Thames. The federation works collaboratively with secondary care and the private sector in order to provide community clinics for dermatology, urology, dementia and diabetes. They also provide an extended hours GP appointments service on weekday evenings, over the weekends and on Bank Holidays across three hubs. Further details about the Chambers' can be found on their website: [www.KGPC.org.uk](http://www.KGPC.org.uk).

Kingston Health Centre is located at 10 Skerne Road, Kingston Upon Thames, Surrey, KT2 5AD. The site accommodates the Chambers' main administrative function and is one of the sites delivering daily extended hours GP appointments, a weekly dementia clinic and a monthly diabetes clinic.

Extended hours GP appointments are available from this site from 5pm to 8pm Monday to Friday, 8am to 8pm on Saturdays and 8am to 2pm on Sundays. The dementia clinic is run from the site weekly on a Wednesday, and the diabetes clinic is run from the site monthly on a Monday.

The site operates from a single floor of a three-storey purpose built premises, which also houses a regular GP practice (operated by a different provider). Car parking is available in the surrounding streets and in a nearby car park. The entrance is situated on the ground floor, with stairs and a lift to the second floor which has a reception desk and waiting area. One consulting room is used by the Chambers.

Staff employed by the Chambers who work from the Kingston Health Centre site include the General Manager, Recruitment and Retention Officer, IT Officer, Extended Access Service GPs, GPs and nurses working for the diabetes clinic, and reception/administrative staff.

This location was visited and inspected as part of our overall inspection of Kingston GP Chambers. Our inspection team was led by a CQC lead inspector. The team included a second CQC Inspector, a GP specialist advisor and a nurse specialist advisor.

# Are services safe?

## Our findings

**We rated the service as good for providing safe services.**

### Safety systems and processes

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

- The provider had processes in place to ensure that safety risk assessments were routinely carried-out by the GP practice whose premises they sub-let consulting room and office space from; the provider required the practice to provide them with evidence annually, as part of the renewal of their lease agreement, that the necessary safety risk assessments had been completed. 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.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- For staff directly employed by the provider, staff checks were carried out 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); however, their DBS policy lacked detailed consideration regarding the level of check required for staff (Basic or Enhanced checks are available), and the circumstances under which they would allow a new member of staff to start work before their DBS check was completed. The DBS policy stated that non-clinical staff would be eligible for a Basic DBS check; however, there was no suggestion in the policy that this approach would be considered on a role by role basis depending on the potential risk posed to patients. We were told that, depending on the role

they were being employed to perform, the provider allowed for some (non-clinical) staff to begin work prior to their DBS check being completed; however, this approach was not detailed in their DBS policy. We saw an example of a risk assessment checklist that we were told was used to determine whether a member of staff could begin work without a completed DBS check, but use of this tool was not covered in the DBS policy; in addition, this tool did not appear to be tailored to the service, nor did it contain details of the criteria used to determine the level of risk.

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

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand; for example, the service had promptly put in place additional resources at short notice in response to winter pressures.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

## Are services safe?

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians working for the diabetes service made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The extended hours service did not make referrals; we saw evidence that extended hours clinicians made clear notes of consultations to enable patients' regular GPs to make referrals where necessary.

### Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, minimised risks. The service kept prescription stationery securely and monitored its use.
- The service ensured that staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance by means of monthly random sampling of clinical notes for the extended hours service. For the diabetes service, the GPs held monthly joint clinics with a hospital consultant, who was also available to provide advice on an ongoing basis.
- The service had not carried-out focussed prescribing audits and had not audited their antimicrobial prescribing; however, we saw evidence that the service actively encouraged responsible antimicrobial prescribing. For example, they had designed information cards for patients who were diagnosed with conditions which were not suitable for treatment using antibiotics (such as a sore throat or cold); these contained information about why antibiotics were unsuitable, they could be completed by clinicians with

details of "over the counter" medicines that could be taken to relieve symptoms, and were given to the patient to assist them in selecting the appropriate treatment.

- Clinicians reviewed and monitored medicines as part of the care of patients attending the diabetes service.

### Track record on safety

The service had a good safety record.

- There were risk assessments in place in relation to safety issues.
- The provider had a risk log relating to risks which were specific to them, which was regularly reviewed and updated. The provider had a process in place to annually review risk assessments relating to the premises (which were undertaken by the GP practice who sub-let consultation rooms and office space to them) as part of their tenancy renewal. At this site all identified premises risks were being effectively managed.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts, and a record was kept of action take in respect of alerts which were relevant to the service; however, there was no record kept of those alerts which had been reviewed and considered not relevant, and therefore, it would be difficult for them to identify if any relevant alerts had been overlooked.
- The provider carried-out joint reviews of incidents; for example, where a referral to one of their services made by a member practice was not received, the provider worked with the practice to identify and rectify any error made by the practice in their referral process.

### 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; however, when we spoke to staff during the inspection, not all were aware of the location of the reporting form.

## Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, the service had recorded an incident where a patient's regular GP practice had overlooked a request made by a GP working for the extended hours service to make an

urgent hospital referral in relation to a suspected cancer. Following this, a new protocol was put in place by the service whereby all requests for urgent suspected cancer referrals were followed-up by a telephone call to the practice concerned to ensure that the request had been received and was being actioned.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the service as good for providing effective services.**

### Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. The provider had criteria in place for the referral of patients to their services; where patients were referred inappropriately (for example, where a patient should have been referred directly to the hospital), we saw evidence that the service addressed this with the referring practice.
- 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 provider had a programme of quality monitoring and improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The provider had identified areas of potential risk in respect of the service provided, and had devised a programme of daily and monthly checks in order to address these risks. For example, a daily check was in place to ensure that notes made by the extended hours service were successfully transferred into patients' full medical records held by their registered GP.
- The provider had few performance targets set by the clinical commissioners, and therefore each service had identified indicators of effective care and carried-out audits to measure their performance in relation to these indicators. For example:

- The Diabetes Service audited patients' HbA1c reading at the time of referral and compared this to their reading at the end of the reporting year, in order to indicate whether the service was having an impact on patients' ability to control their condition. We reviewed the audits for the past two years; for 2016/17, the audit found that of the 35 new patients referred within the reporting year, a total of 23 (66%) patients achieved a reduction in their HbA1c, with an average reduction of 8%. Actions identified as a result of the audit included points around the capturing of data by patients' own GP practices. The audit was repeated for 2017/18, where 83 new patients had been referred to the service; the results of the audit found that 76% of patients achieved a reduction in their HbA1c, with an average reduction of 15%.
- The extended hours service submitted a monthly report to commissioners which incorporated areas such as service utilisation, patient feedback and individual practice usage. A full annual report was also produced, which looked at areas such as the age of patients using the service and usage on specific days, which enabled the service to be refined to meet demand.
- The extended hours service carried-out monthly audits of clinical records, whereby a random sample from each clinician would be selected for review, in order to ensure high standards in record keeping, and check staff were following protocols. Feedback was provided to clinicians in order to address any issues identified.
- The provider did not have in place a programme of auditing prescribing; in particular, there was no audit undertaken of antibiotic prescribing to ensure adherence with local and national guidance.

### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The provider ensured all staff worked within their scope of practice and had access to clinical support when required.

# Are services effective?

(for example, treatment is effective)

- 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.
- Staff were provided with ongoing support; this included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

## Coordinating care and treatment

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

- We saw records showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way; this included ensuring that staff working for the extended hours service had access to both clinical and relevant non-clinical information via access to the patient's clinical records (such as alerts to highlight that a child was on the Child Protection Register, or that a patient had a learning disability).
- Staff communicated promptly with patient's registered GPs so that the GP was aware of the need for further action. In the case of the extended hours service, notes of consultations made on the service's patient records system were immediately transferred to each patients' own GP following the consultation. A daily check was made to ensure that all notes had been transferred successfully.
- The service did not make referrals to secondary care; patients requiring a secondary care appointment were

referred back to their own GP for the referral to be made; this was made clear in the information provided to both the patient and the referring GP. Where a patient was seen in the extended hours service and identified as needing an urgent referral under the "two week rule" for suspected cancer, the service had an appropriate safety netting process in place, which involved staff phoning the patients' own GP to check that the consultation notes had been received and that the referral had been made.

- There were clear and effective arrangements for booking appointments.

## 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.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients' needs 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 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?

## Our findings

**We rated the service as good for providing a caring service.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information which was tailored to their needs; for example, the service had specific information available for patients of the dementia clinic which included a pull-out sheet with suggested reading material relating to the condition.
- Of the 42 Care Quality Commission comment cards we received relating to this location, 39 were wholly positive about the service experienced and three were mixed. This was in line with the results of the NHS Friends and Family Test and other feedback received by the service.

### Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language. Information leaflets and patient feedback forms were available in dementia-friendly formats for patients of the dementia clinic.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand; communication aids were available.
- For patients with dementia, carers or social workers were appropriately involved. The provider arranged for an advisor from the Alzheimer's Society to provide on-site clinics on the same day as the dementia clinics, which enabled patients and their carers to find further information about support and community services available to them.

### Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The provider had introduced its own patient survey for all GP-led specialist services (in the case of the Kingston Health Centre site, this included the dementia and diabetes services). The survey reflected the questions asked in the national out-patient survey and incorporated questions about patients' views about the quality of care they received and the "Friends and Family Test". The Diabetes Service spanned two of the provider's locations (Kingston Health Centre and Merritt Medical Centre), in order to provide patient choice and to ensure convenient access to services for patients living across the CCG. Data received from the provider could be broken down to location level for feedback relating to GPs; however, data relating to the Diabetes Nurse and Dietician related to the overall service. In total 513 patients responded to the survey during the 2018/19 reporting year. Data for the Diabetes Service in relation to GPs showed:

- 100% of patients seen at this location felt that they were treated with dignity and respect.
- 100% of patients seen at this location felt that they were involved in decisions about their care.
- 100% of patients seen at this location felt listened to by clinicians.
- 100% of patients seen at this location felt able to express their views.
- 100% of patients seen at this location felt they were treated with kindness and respect.
- 100% of patients seen at this location felt that clinicians did everything they could to help them to control their condition.
- 98% of patients seen at this location felt better able to manage their condition now.

Overall data for the service (across both sites) in respect of the Nurse and Dietician showed:

- 100% of patients felt that they were treated with dignity and respect.
- 100% of patients felt that they were involved in decisions about their care.
- 100% of patients seen at this location felt listened to by clinicians.
- 100% of patients seen at this location felt able to express their views.
- 100% of patients seen at this location felt they were treated with kindness and respect.
- 99.5% of patients seen at this location felt that clinicians did everything they could to help them to control their condition.
- 99.5% of patients seen at this location felt better able to manage their condition now.

The service was in the process of running this survey for patients of the dementia service, using a dementia-friendly version of the feedback form; however, they had only recently begun surveying these patients and therefore no data was available at the time of the inspection.

All patients of the Diabetes Service who completed the Friends and Family Test questionnaire said that they would be either extremely likely or likely to recommend the service to friends or family members (633 respondents during the 2018/19 reporting year, data was a combination of both sites).

For the extended hours service, the provider conducted the Friends and Family Test questionnaire and was able to break the data down into individual sites. We were provided with data for 2018 which showed that for the Kingston Health Centre site, of the 338 respondents, 99% of patients reported that they would be either extremely likely or likely to recommend the service to friends or family members.

- The provider understood the needs of its population and tailored services in response to those needs. The development of the services offered by the provider were in response to liaison with member practices about the services patients could benefit from.

# Are services responsive to people's needs?

(for example, to feedback?)

- The provider used a clinical records system which aligned with the system used by member practices, in order that clinical information could be shared across organisations; this allowed staff working for the provider to be alerted to specific safety or clinical needs of a person using the service.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service; for example, language translation was available.
- The service was responsive to the needs of people in vulnerable circumstances; for example, they had worked with a local church-based service for homeless people to advertise the extended hours service to them.

## Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. Extended hours GP appointments were available from this site from 5pm to 8pm Monday to Friday, 8am to 8pm on Saturdays and 8am to 2pm on Sundays. The dementia clinic ran from this site weekly on a Wednesday and the diabetes clinic ran monthly on a Monday.
- Patients could access the extended hours service via their regular GP practice or via NHS 111. Patients required an appointment, this was not a walk-in service.

- Reception staff had received training on the identification of sepsis, and staff were aware of the action they should take if they were concerned that a patient was acutely unwell.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs; for example, where a patient seen by the extended hours service required a referral to secondary care, they were advised to make an appointment with their regular GP for a referral to be made.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last year, all of which related to the extended hours service. We reviewed two complaints in detail and found that they were satisfactorily handled in a timely way.
- The service learned lessons from individual concerns and complaints. There had been no particular trends in the complaints received; however, from the evidence we saw in relation to the arrangements for sharing information about complaints, we were confident that the provider had adequate processes in place to identify and address any trends in complaints received, should they occur.

# Are services well-led?

Good 

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

## Our findings

**We rated the service as good for leadership.**

### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### 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. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with member practices.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

### Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff who were directly employed by the service, with the development they needed. This included appraisal and career development conversations. All staff who were directly employed by the service received regular annual appraisals in the last year. We were told that staff who worked for the service but were not directly employed by them would have an appraisal via their direct employer; however, there was no process in place for the service to contribute to this process.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management; however, in some areas these were still being developed.

- Structures, processes and systems to support good governance and management had been established, and the provider was in the process of reviewing these arrangements to ensure they were effective, following the recruitment of members of staff to newly created roles to manage key processes, such as human resources.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

# Are services well-led?

Good 

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

- Leaders had established proper policies, procedures and activities to ensure safety; however, in some areas, such as premises safety checks, closer monitoring was required in order for the provider to assure themselves that the processes in place were operating as intended.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance; however, in some areas these required further development.

- For areas where the provider was directly responsible, there was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. In some areas, the provider relied on external organisations to identify and monitor risks (for example, in respect of premises such as risks relating to infection prevention and control, fire, and Legionella); the provider had a system in place to check annually that these risk assessments had been completed; however, where actions were identified, the provider did not have arrangements in place to assess the impact of these on their own patients, and to monitor whether actions had been completed.
- 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. Leaders had oversight of incidents, and complaints. Leaders also had a good understanding of service performance against local and national benchmarks and contractual key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Service utilisation audits were used positively in order to monitor service provision, and the programme of safety netting checks (such as daily checks of the transfer of notes for patients seen by the extended hours service to their regular GP) provided assurance that systems were operating as intended. There was evidence of audits of clinical outcomes in respect of the diabetes service. The extended hours service carried-out monthly reviews for each clinician of randomly selected patient notes, which were used to provide feedback to the clinician concerned about the quality of their note taking and any issues with the care provided (such as

prescribing outside of recognised guidance), and to identify any trends in respect of issues with the running of the service; however, they did not undertake any wide-scale audits of care provision; for example, audits of antibiotic prescribing.

- We saw evidence that safety and medicines alerts were reviewed by clinical leads, and those relevant to the service were acted on and shared with relevant staff. A record was kept of those alerts which had relevance to the service; however, there was no record kept of those which had been reviewed and considered irrelevant, and therefore, the service did not have a comprehensive audit trail in respect of this process. This was discussed during the inspection and the provider undertook to record details and decisions made on all alerts in future.
- The providers had plans in place for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

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

# Are services well-led?

Good 

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback; for example, regular meetings were held for groups of staff across all roles and services. Staff who worked remotely were engaged and able to provide feedback; for example, reception staff told us that they were able to attend staff meetings held at other sites, and that where they were unable to attend, they were able to access meeting minutes and were provided with updates via the service manager, who worked across sites.
- The service was transparent, collaborative and open with stakeholders about performance.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. The provider held annual away days for the senior leadership team, in addition to monthly board meetings and monthly reviews of complaints, incidents and risk.
- There was a strong culture of innovation evidenced by the provider's approach to developing their service. For example, they had been the first service to enable extended hours appointments to be booked directly by the NHS 111 service. They were also involved in contributing solutions to wider issues facing the NHS, such as the shortage of GPs; for example, via the introduction of a GP retention and support scheme, and contributing to the training of allied health professionals ahead of their integration into the delivery of primary care as part of the new NHS GP contract.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service.