

Botley Surgery

Inspection report

Mortimer Road
Botley
Southampton
SO32 2UG
Tel: 07384253800
www.espnetwork.co.uk

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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?

Requires Improvement 

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.

The key questions are rated as:

Are services safe? – Requires improvement

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 Botley Surgery as part of our inspection programme. This service first registered with CQC in September 2017 and this was our first inspection of the service.

The service at Botley Surgery provides extended hours primary care appointments for patients of the Eastleigh Southern Parishes Network (ESPN) and a limited number of urgent care appointments booked via the NHS 111 out-of-hours call centre. These appointments are offered at evenings, weekends and on bank holidays.

The provider, Eastleigh Southern Parishes Limited, is a federation of five practices within the Eastleigh Southern Parishes Network, which was formed in 2015. The network covers the patient population of Blackthorn Health Centre, West End Surgery, Hedge End Medical Centre, Bursledon Surgery and St Lukes Surgery, with a total population of about 50,000 patients. The service's clinical care is provided by a mix of GPs, nurse practitioners (including prescribers), practice nurses, musculoskeletal physiotherapists and mental health "first point of contact" practitioners.

The ESPN operations director is the registered manager of this service. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- Staff had direct access to patient information to deliver safe and effective care.
- Patients accessed appointments and advice in a timely way.
- Staff treated patients with kindness, respect and compassion.
- The provider sought feedback from patients and this was consistently positive about the quality and timeliness of care and treatment.
- Staff knew what actions to take to safeguard people from abuse.
- There were systems in place to ensure patients were cared for by trained staff.
- The leaders had the skills to deliver high-quality care and work collaboratively with others.
- A positive culture was supported encouraged within the service.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Information was collected routinely and used by leaders to make informed decisions about the service.
- There was a culture of reporting and learning from incidents and complaints.

Overall summary

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

Care and treatment must be provided in a safe way, in respect of

- the management of prescription stationery,
- the review of prescribing competency,
- assuring safety alerts are acknowledged, read and acted upon by relevant staff.

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

- Create a checklist for staff recruitment to provide a record that staff checks are completed safely.
- Set up regular systems of assurance relating to the safety of the premises used for the delivery of services.
- Continue to identify and manage risks relating to the quality and safety of 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 specialist advisor.

Background to Botley Surgery

The registered provider is;

Eastleigh Southern Parishes Network Limited

Satchell Lane

Hamble

Southampton

Hampshire

SO31 4NQ

The service inspected is delivered from the following location;

Botley Surgery

Mortimer Road

Botley

Southampton

Hampshire

SO32 2UG

The provider, Eastleigh Southern Parishes Network (ESPN), is a company with three directors, one of whom is the registered manager and one is a GP and clinical lead. ESPN also partners with a company that assists the provider with writing tenders and the business side of projects. The five practices that make up the network and the consultancy are shareholders. The registered location, Botley Surgery, is registered to deliver four regulated activities; diagnostic and screening procedures, family planning, treatment of disease, disorder or injury and maternity and midwifery services. It is registered to treat the whole population.

The provider's website is available at <https://www.espnetwork.co.uk/>

The service is open 6.30pm-10.30pm on weekday evenings, 8am-10.30pm on Saturdays and 8am-6.30pm on Sundays.

How we inspected this service

We requested documents to review before and after the onsite visit, which we undertook on 2 October 2021. During the visit we spoke with staff and reviewed a range of care records.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Requires improvement because:

Some systems to monitor safety were not in place. These included systems to manage prescription stationery, systems to assess the competency of prescribers and systems to check actions had been implemented in response to safety alerts. The risk to the public is low and the provider has mitigated these risks since the inspection.

The provider had information relating to the safety of the premises and since the inspection set up processes for the host provider to provide regular assurance of this. Appropriate recruitment checks were completed for new staff, however the provider should consider having a checklist to ensure checks are consistently completed. The provider had reviewed the stock of medicines available for dispensing, however the provider had not documented a risk assessment relating to not stocking items that might commonly be needed out of normal working hours.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. There was an appointed clinical lead for safeguarding and up to date policies for safeguarding vulnerable adults and children. Guidance and relevant contact details were displayed in reception and clinical areas, as well as the process flow chart should staff have safeguarding concerns.
- All staff received up-to-date safeguarding and safety training appropriate to their role. The safeguarding clinical lead provided tailored training for staff and case-study discussions, as well as safeguarding supervisions. Staff knew how to identify and report concerns.
- Clinical staff only acted as chaperones.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The provider showed examples of how they had responded to safeguarding concerns and shared learning, including with staff members working in different provider services.
- The service has a system for policy management, showing authorship, approval dates and amendment history. These were made available to all staff and stored on the provider's new document management system. In addition, the service had developed a range of protocol reference guides to support staff in their roles.
- 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 and repeated at three yearly intervals, in line with the provider's own policy. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Recruitment checks included evidence of professional registration where relevant and a review of references. The provider did not use a recruitment checklist to help ensure these checks were completed.
- There was an effective system to manage infection prevention and control. All staff had completed training relevant to their role in infection prevention and control and the provider had established revised measures in response to COVID-19. The provider used Botley Surgery, a GP practice and a member of the practice network, as the premises for the delivery of services. It received the monthly premises checks carried out by the host practice. Their infection control audit included checks on clinical waste management and cleanliness. These audits were used to identify any areas to address, for example with the cleaning contractor, and log actions taken.

Are services safe?

- The service had a service level agreement with Botley Surgery that they provide a safe environment. ESPN had not routinely requested assurance that all the safety checks had been completed but these were available for inspection and thereafter set up for the host site to share routinely.

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. Most staff for this service were contracted staff, including locum medical staff. The service had a stable group of self-employed locum GPs who worked regular shifts, and there was a rota app that staff used to book their sessions. The service used remote clinicians to support the patient-facing staff, for example with processing test results.
- There were enough staff to deliver the service, although this was identified as a management risk for the provider. There were systems to ensure sessions were staffed appropriately. The administration staff maintained a diary and requested staff book leave in advance and arrange cross cover when necessary.
- There was an effective induction programme for staff, tailored to their role, to ensure they had the skills required. New staff received an employee handbook, which included a sample induction programme as well as information on training, development and appraisals. When new locum staff started, they were supported on their first shift.
- All staff had completed training in basic life support and understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The provider had a dedicated area in a locked room to store its own equipment at the Botley Surgery site. There was a system and checklist for the receptionist to check stocks and the treatment rooms at the start and end of each session. The service had its own lockable filing cabinet within the locked room, in which it stored prescription stationery and a first aid box. The provider had its own medicines cabinet and electrocardiogram (ECG), which was checked.
- The provider had a set of guidance protocols printed and available for reference on-site. These included guidance on actions to take in response to a medical emergency, what to do should a child not attend for an appointment and how to create or amend appointments. These guidance documents were up to date and there was a process to ensure outdated protocols were replaced.
- There were appropriate indemnity arrangements in place.
- The service used the emergency trolley provided by the host GP practice, Botley Surgery. Botley Surgery undertook the daily emergency medicines and equipment checks, as outlined in the service level agreement, and made the results available to ESPN.

Information to deliver safe care and treatment

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

- The service had access to patients' records, having a shared records system across the network of practices. Practices and the 111-service provided specific information about the patients' needs for each booked appointment.
- Individual care records were written and managed in a way that kept patients safe. The patient records we saw showed the patients' medical history was available to the clinician, including relevant information relating to allergies and other risks.
- The service generated discharge summary reports for the patient's own GP and made electronic referrals for the patient. We saw referral information was clear and complete.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals, without the need to return in line with protocols and up to date evidence-based guidance.

Are services safe?

Safe and appropriate use of medicines

There were gaps in the service's systems for appropriate and safe handling of medicines.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The nearest pharmacy closed at 8pm and was a few miles away, so the service had access to a small stock of medicines to dispense if patients required medicines on the day of their appointment. These were held within a locked medicines cabinet and there was a system to check these against an agreed list, for stock levels and expiry dates. The provider did not stock medicines that required refrigeration.
- We found there were some medicines not stocked for dispensing, and there was no risk assessment for those. Items not available included injectable analgesia, medicines to treat hypoglycaemia (low blood sugar), medicines for patients who might have fits or dexamethasone, a medicine commonly used to treat children with croup. The clinical director and other GPs explained during the inspection they reviewed the range of stock medicines each year, and refined the list. They had not documented the risk assessments for the items above that were not stocked.
- The service had not carried out checks on the competency of non-medical prescribers, to ensure this was in line with best practice guidelines for safe prescribing. There was no programme of audits or reviews of prescribing in general.
- When patients required medicines, these were mostly prescribed electronically, and patients were advised of local pharmacists[DT1] .
- The service held a small stock of paper prescription stationery and although this was stored within their locked filing cabinet, their use was not monitored in line with national guidance. As part of the daily start-up procedures, reception staff allocated a small quantity of prescription stationery to the printers occupied by the provider's prescribing clinical staff. They collected those not used at the end of the session. This process did not involve logging the script serial numbers, which meant there was a risk to prescription security. The provider planned to revise their process following the inspection.

Track record on safety and incidents

The service had a good safety record and incident reporting culture.

- The provider had a system to record, review and learn from incidents. There had been 20 incidents recorded in their system over the past year. These mostly related to booking and administration errors and the service had reinforced correct booking processes with stakeholders, and given further training for staff.
- There was a communications book available for the provider to raise concerns relating to the safety or security of the host premises. We were told there were rarely any issues to report and the service was well established. The communications book was more commonly used to make requests.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. These included and clinical and non-clinical incidents.
- Staff outlined the system for recording and acting on incidents. They were discussed at the clinical governance meetings and there was a process for reviewing and investigating all incidents. The service learned and shared lessons, identified themes and took action to improve safety in the service.

Are services safe?

- There had been a significant event relating to a delayed referral. The investigation records showed the service's GP had reflected on the event and undertook additional training. The service participated in 'end-to-end' reviews of a patient's journey, with other services involved in their care pathway, to review cases whether the patient's outcome might have been improved. These were system wide reviews and had resulted in recommendations and improved procedures for booking appointments into this service.
- The service was aware of and complied with the requirement of the Duty of Candour. This is a statutory duty for healthcare providers in England, to ensure that they are open and honest with patients when things go wrong with their care. Staff provided examples of when this had been applied.
- The provider shared safety alerts with their clinicians, but it did not require clinicians to confirm they had acknowledged, read and acted upon the alert.

Are services effective?

We rated effective as Good because:

People had good outcomes because they received effective care and treatment and care was coordinated between health and social care professionals.

Effective needs assessment, care and treatment

The provider required clinicians to be 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 (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Clinicians had information about patients' medical history and immediate needs from the booking notes provided and via access to a shared patient record. Every booking note had to include a reason for the presenting problem and a contact phone number, and checks were made to ensure the right patient's notes were opened for the appointment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. For example, they used a recognised pain assessment tool.
- Face to face appointments could only be booked if the patient had already been clinically triaged and authorised. If appropriate, the service used telephone and if appropriate video consultations.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The pandemic had interrupted most clinical audit activity however the service had completed an audit of wound dressings. This was undertaken in November 2020 with results shared in July 2021 with practices. The audit led to advice to practices to include details of the dressing type, the reasons for this type and the service prescribing the dressing.
- An antibiotic prescribing audit had been initiated prior to the pandemic but then interrupted. This, and additional clinical audits, were under scope at the time of the inspection with roll out being dependent on the service's position during the forthcoming phase of the pandemic.

Effective staffing

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

- All staff were appropriately qualified. Medical and nursing professionals were registered with the General Medical Council (GMC) or the Nursing and Midwifery Council (NMC).
- The provider had an induction programme for all newly appointed staff.
- The provider understood the learning needs of staff and had systems for monitoring and recording when staff completed their required training. Where clinical staff had substantive roles in GP practices, they provided evidence of their training and qualifications gained through these organisations. The provider's administration system maintained up to date records of all staff's skills, qualifications and training. There was a system for prompting staff to complete their training and to highlight when training was due.
- The provider required staff to undertake training relevant to their roles, which included topics such as homelessness and dementia.

Are services effective?

- To support access to training, the provider offered a wide range of online training courses from a recognised training source.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. There were established links with the network of GP practices, the out of hours care services and commissioners, to provide an agreed range of bookable appointments.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment, for example where this information was not available to ensure safe care and treatment.
- The service used the same patient record system as the network of GP practices. Service clinicians had access to patient records and entered their own records into the system and messaged the consultation to the patient's practice by email. The patients' practices acted on these consultations the following morning, or next working day.
- The service's GPs could make referrals directly, including cancer referrals. They also requested and reviewed test results to further support patient pathways. Acute referrals were made by phone, supported by a printed letter. Routine referrals were sent electronically. All care and treatment was recorded within the patient record.
- The service did not take bookings for patients with suspected COVID-19.
- All patients were asked for consent to share details of their consultation, and any medicines prescribed, with their registered GP on each occasion they used the service.
- The provider worked with other organisations to develop and offer additional patient services, including musculoskeletal (MSK) and youth counselling services. They had also been heavily involved in the COVID-19 vaccination programme.

Supporting patients to live healthier lives

Staff supported patients them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. Staff provided care as an extension to the patient's own practice, and could refer patients to services appropriate to their specific needs.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their GP for additional support.

Consent to care and treatment

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

- All patients were advised that appointments at this service were offered as an extension of those provided by their own practice. They were told this meant the clinicians would be able to see their medical record, and they had the option of declining the appointment.
- All staff completed training in the Mental Capacity Act and consent and those we spoke with 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 caring?

We rated caring as Good because:

People were treated with dignity, respect and compassion and were involved as partners in their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. They used the NHS Friends and Family survey, which asked patients if they would recommend the service. Comments within the feedback included descriptions of staff being understanding and showing empathy, being reassuring and having a lovely manner. There were no negative comments relating to kindness or compassion.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Patients appreciated the short waiting time and professionalism of the service.

Involvement in decisions about care and treatment

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

- As most appointments were booked for patients by their GP service, any communication needs were anticipated in advance. If the GP practice considered this service would not be appropriate for a patient's specific needs they would not make the booking.
- Our records review and feedback from patients via the Friends and Family responses indicated that patients were involved in decisions about their care and treatment and given opportunities to ask questions. For example, patients commented they received clear explanations of their plan of care.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- As patients could only attend pre-booked appointments, there were few patients on site waiting for appointments and the waiting area was separate from reception. Clinicians saw people in private treatment rooms with appropriate privacy measures, such as blinds and curtains.

Are services responsive to people's needs?

We rated responsive as Good because:

The service was designed to meet patients' needs and provide appointments in a timely way. The provider took complaints and feedback seriously and to make improvements.

Responding to and meeting people's needs

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

- The service's appointment system was tailored to patients' needs. The provider understood the needs of their patients and had improved services in response to those needs. For example, in 2019 it had added out-of-hours appointments to its service to the extended access appointments.
- As a result of a review of appointment utilisation by the network practices, the service had set up a 'fair-share allocation' system, whereby practices were allocated appointment slots based on their patient list size. This has improved the booking rates in the previously under-represented practices, thereby improving equality of patient access. The service offered appointments two-weeks in advance. If the appointments were not filled 48-hours in advance, they were offered up across the wider system.
- The provider had a system to confirm appointments with patients by text on the day, as a reminder.
- The provider had identified that patients did not take up offers of appointments on Sunday evenings. As a result, they had changed their availability from up to 10.30pm on Sundays to 6pm, in line with patient demand.
- The provider allocated at least one free appointment per session for clinicians to phone patients, for example with diagnostic test results.
- The facilities and premises were appropriate for the services delivered. They were located on the ground floor of an existing GP practice. There was an entrance lobby and call bell system, so the reception could see and hear patients attending for their booked appointments. The inner door of the lobby was locked, and the receptionist checked patients were booked for an appointment before admitting them to the premises, which improved safety for patients and staff. There was a small waiting area adjacent to the reception desk.
- The provider had agreed a set of criteria with the network of practices for booking patients into the service. Lengths of appointments were agreed for different types of consultation and treatment.

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 booked to receive their treatment from this service by GP practices or via 111 triage. Appointments for routine care were made available two weeks in advance and those via 111 were booked on the day. This meant patients had timely access to care and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The service did not accept patients with suspected COVID-19 and if appointments were made for these patients, the service phoned the referrer so they could be sent to sites equipped to receive them.
- If patients needed to be seen urgently on the day, their appointments could be brought forward, using the booking system to adjust the appointments. The reception and clinical staff facilitated this and communicated with patients accordingly.

Are services responsive to people's needs?

- Referrals and transfers to other services were undertaken in a timely way. The clinicians used the shared record system to message a record of their consultation to the patients' registered GP practices and they acted on any referrals as needed. Any acute referrals were made by the service, both by phone and printed letter. The service made referrals directly, for example for urgent cancer referrals.

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. Reception staff could provide patients with a copy of the complaints procedures, which outlined the response times, and other organisations that have a role in supporting patients with complaints, such as the Parliamentary Health Service Ombudsman.
- The complaints policy had been updated in August 2019 to reflect the registered manager's role in managing complaints.
- The service used their document management system to log complaints and monitor the timeliness of response, the outcome and learning. For example, one complaint related to a patient not receiving a diagnostic scan. The complaint led to a reminder to relevant staff on what scans can and cannot be requested by the service, to help manage patient expectations.
- There had been two complaints in the past year and these had been managed and responded to appropriately.
- Staff treated patients who made complaints compassionately. The registered manager confirmed that in line with their policy, they invited complainants to meet with them to discuss the issues they had raised.

Are services well-led?

We rated well-led as Good because:

The leadership, governance and culture were effective and supported the delivery of high-quality person-centred care. There had been some delay in maintaining the risk register and some audit activity during the pandemic, but this had already been identified by the service and action was in place at the time of the inspection to update their plan.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. These included the impact of future changes to commissioning arrangements and plans to offer an improved site for the service.
- Staff told us leaders were visible and approachable and created a responsive and compassionate team.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, they provided staff with opportunities for development within the organisation and supported them to gain appropriate skills.

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 provider, ESPN Ltd, aimed to develop accessible and high-quality health services to people in Eastleigh Southern Parishes area, and work with the GP practices to develop and provide additional services.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

Culture

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

- Staff felt respected, supported and valued. They said it was a good place to work and that communications were very good. They were proud to work for the service as they said they felt it gave patients a good standard of care and was focused on patients' needs.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. This included in the use of 'end to end' reviews of incidents and the provider's approach and response to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received an annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff were supported with lone working, and receptionists were provided with a lone working alarm that was kept within the reception area.
- All staff had completed training in equality and diversity.

Governance arrangements

Are services well-led?

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

- There was a governance structure in place with appropriate internal and external meetings to report on working arrangements, performance, service developments and risks. The service held bi-monthly board meetings and clinical governance meetings roughly quarterly, or when needed. Representatives for the member GP practices attended the board meetings, which covered operations, service developments, finances and quality and governance. The service's meetings for staff had reduced in frequency during COVID-19 and following the recruitment of three new receptionists, a meeting was planned for November 2021.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account.
- 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.

Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- The provider created regular monitoring reports, reviewing appointment type, availability and trends. Contract monitoring meetings with the commissioners were held monthly and the service received monthly reports from the sub-contracted providers of youth counselling and musculoskeletal (MSK) services.
- The provider had developed a staff risk assessment at the outset of the pandemic, to establish people's individual risk factors and potential mitigations. Mitigations included the provision of suitable personal protective equipment (PPE) and hand sanitiser. Guidance for staff was updated when the national guidance changed in September 2021.
- As a result of performance reviews, the service had changed its operating hours on Sundays, due to lack of demand, and had set up a pilot to promote their services to those practices who had previously underutilised their services.
- In response to clinical feedback, the service had reviewed the time required for face to face appointments and made adjustments to session planning.
- The provider had a risk management plan, but management of this had not been consistently maintained during the pandemic. This was an area the provider recognised needed further review and meetings to revise the risk management plan were in place at the time of the inspection.
- The provider had plans in place and had trained staff for major incidents. Their business continuity plans had been updated in line with national guidance for COVID-19 and there were procedures in place to respond to disruptions in IT systems.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to monitor and improve performance. Performance information was combined with the views of patients. For example, staff had received additional training and guidance on how best to contribute to the patient record when using the electronic consultation system.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

Are services well-led?

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. A Friends and Family survey carried out during April and May 2021 showed 145 (94%) respondents were extremely likely or likely to recommend the service to friends or family. This survey was carried out to assess the views of those attending the extended access appointments. Examples of the positive feedback related to the convenience of the hub, friendly, professional staff and efficient. Results from July 2021 showed a slight decline with 83% responding to say they were extremely likely or likely to recommend the service. Where negative feedback related to other stakeholders in the service, this was shared with them to improved communications and procedures.
- The last staff survey had been in September 2020. There had not been a staff survey in the past year, but staff said they would raise issues and suggest improvements. For example, a recent suggestion relating to the length of appointment times had been taken forward and reviewed by the management team. This had resulted in the provision of additional administration time during the weekend sessions.
- The registered manager had informal weekly meetings with managers from local GP practices, and these presented opportunities to exchange ideas and provide feedback. These meetings had led to more detailed referrals and an agreed criteria list for patients suitable for referral into the service.
- The service was transparent, collaborative and open with stakeholders about performance. For example, they worked with member practices and shared learning from incidents and inappropriate referrals.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement, and the service made use of reviews of incidents, feedback and complaints. Learning was shared and used to make improvements.
- The service had undertaken an audit of the use of the electronic consultation system, and recognised staff required additional training on how best to use its functionality. The additional training and guidance documents helped to improve the quality of information sharing.
- Staff were encouraged to develop their careers within the service and access relevant training and development.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider had not set up a safe system for managing prescription stationery.• The provider did not have a system for assessing the competency of prescribers.• The provider did not have a system for gaining assurance that safety alerts are acknowledged, read and acted upon by relevant staff. <p>This was in breach of regulation 12 (1)(2)(b)(c)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>