Extended Access: Lancashire EU of GPs Limited.Peel House Medical Practice

Inspection report

Accrington Pals Primary Care Centre
1 Paradise Street
Accrington
BB5 2EJ
Tel: 01254282080

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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?	**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 Peel House Medical Practice, the registered location for Lancashire EU of GPs Limited, on 11 and 12 June 2019. This was the first inspection of this extended hours service. Our inspection included a visit to the service's headquarters, the registered location and visits to a further two branch locations where the service operated.

We rated the practice as requires improvement for providing safe services because some recruitment information required by regulation was not available.

At this inspection we found:

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

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

- Ensure specified information is available regarding each person employed.

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

- Implement a quality assurance system to monitor compliance with the service level agreements that are in place with host locations and with staff.
- Make sure appropriately signed patient group directions (PGDs) are available at the relevant host locations.

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 and included a GP specialist adviser.

Background to Peel House Medical Practice, Lancashire EU of GPs Limited

The provider, Lancashire EU of GPs Limited generally known as "EU of GPs" is a healthcare federation created by an amalgamation of 38 GP practices with about 235000 registered patients. The service was registered with the CQC in 2018 when the GP membership formed the limited company. The service operates under a contract with the East Lancashire Clinical Commissioning Group (CCG) and provides healthcare services to over 380,000 patients across the whole CCG footprint.

The service headquarters is co-located with the Peel House Medical Practice, Accrington Pals Primary Care Centre, 1 Paradise Street, Accrington, BB5 2EJ. In addition to the registered location at Peel House Medical Practice, the service also operates from four hub locations.

These locations are at:

Burnley Group Practice, St Peters Centre, Church Street Burnley BB11 2DL

Reedyford Healthcare, Yarnspinners PHCC, Carr Lane, Nelson BB9 7SR

Dr Mackenzie & Partners, Haslingden Health Centre, 27 Manchester Road, Haslingden BB4 5SL

Clitheroe Health Centre, Railway View Road, Clitheroe, BB10 2JG

For this inspection we visited the provider headquarters as well as the service provided from locations at Peel House Medical Practice, Reedyford Healthcare and Dr Mackenzie & Partners. Inspection visits to the three locations were undertaken over two evenings.

The service provides patient appointments to support primary care services by enabling patients to obtain a pre-booked appointment outside of their own GP practice's core opening hours. The service does not accommodate walk-in patients. Appointments can be booked through a patient's GP practice and are available five evenings each week, between 6.15 pm and 8.45 pm Monday to Friday at all five locations. All five locations offer Saturday appointments from 9.45am until 1.15pm, at two locations and until 4.15pm at three locations. Sunday appointments are offered from two locations between the hours of 9.45am until 4.15 pm.

The service weekday surgeries operate using either one or two GPs or one GP and one advanced nurse practitioner. A phlebotomy service is also provided on a rota basis at each surgery. Practice nurses are also available at weekends at two locations and appointments for long term condition reviews or cytology smear checks are available. During operational times, each location has the support of two receptionists and a support team that includes an on-call senior administrator and a manager if required.

GPs, reception staff and practice nurses are generally sourced from local practices. The advanced nurse practitioners are sourced from an agency.

The provider is registered to provide two regulated activities; diagnostic and screening procedures and treatment of disease, disorder or injury.

Requires improvement

Are services safe?

We rated the service as requires improvement for providing safe services. Some recruitment information required by regulation was not available.

Safety systems and processes

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

- The provider had service level agreements in place with each of the locations where services were offered from. The service level agreements established with each host practice placed the responsibility for providing a safe environment and safe staffing with the host practice. The agreement further emphasised that the location's policy and procedures were applicable to the extended access service.
- The GP practices providing extended access appointments were all located in buildings that were maintained and managed by Community Health Partnerships (CHP) or NHS Property Services. Records of regular health and safety checks including fire safety, electrical safety, legionella and cleaning records with Control of Substances Hazardous to Health data sheets were available.
- 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 provider told us of one recent issue where a GP forwarded a safeguarding concern onto the patients GP practice for follow up the next day.
- The service worked with other agencies to support patients and protect them from neglect and abuse. We also heard of another example where a reception team member upon reviewing patient attendances, reasons for attendance and outcome of the consultation, sent concerns regarding one patient over to the service's safeguarding lead. Contact was made with the local hospital trust and the patient's registered GP and a log of actions was maintained.
- The provider advised that all staff received up-to-date safeguarding and safety training appropriate to their role. The monitoring of this was undertaken by the locations that provided the extended access service. All the staff we spoke with including directors of the service, GPs working in the extended access service, reception and senior administrative staff and an advanced nurse practitioner confirmed they had received training in safeguarding to the appropriate level and knew how to identify and report any concerns.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The extended access service did not directly employ most of the staff working in the service. Most of the staff, GPs, reception and administrative staff and practice nurses were already recruited and working either at the designated GP practice locations where extended access operated from or were employed by one of the federation member GP practices. Each location had responsibility to ensure all staff working for the extended access service was appropriately recruited and had had the required mandatory training in place. We noted however that a system of regularly checking compliance with the service level agreement to ensure the required recruitment and training documentation was in place was not yet implemented. The service did use an agency for the supply of advanced nurse practitioners and they ensured they received the required recruitment documentation for agency staff.
- The provider directly employed four members staff. We viewed the recruitment records for one of these staff and noted some gaps including evidence of conduct from previous employment and evidence of identification. The registered manager confirmed that there were similar gaps in the other recruitment records. They confirmed they would take action to improve this immediately.
- However, Disclosure and Barring Service (DBS) checks were undertaken and a log of these was available. (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).
- Staff who acted as chaperones were trained for the role and had received a DBS check. Staff spoken with were clear that they could not provide chaperoning until trained to do so.
- The service level agreements required each location to be responsible for ensuring there was an effective system to manage infection prevention and control. Monitoring of this by the provider had not yet been implemented.

Requires improvement

Are services safe?

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, with an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role.
- The service model for the extended access was to provide routine appointments to patients outside core hours. It did not provide a walk-in service. There were clear guidelines for practice staff to follow in relation to what types of appointments were appropriate for booking for the extended access. A log was maintained where GPs identified patients who had attended with healthcare conditions that were not appropriate for the service. For example, the log identified a patient with suspected sepsis, a patient with an acute mental health issue, a patient with chest pain and one patient's request for a fit note. Direct feedback regarding each inappropriate consultation was provided to the relevant GP practice and the log recorded the GP practice response and actions implemented.
- Staff working for the extended access service understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. A comprehensive policy for responding to medical emergencies was available and the service provided a on-call system to provide quick access support to staff each day.
- 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

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Systems were established so that GP practices were notified and asked to send patients for secondary care referrals following consultation at the extended access service. Additional safeguards monitoring these requests were in place and checked daily.

Appropriate and safe use of medicines

The service had mostly 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.
- A prescribing policy was available; however, this did not clearly reflect how prescription paper for the extended access service was made available to clinicians. We spoke with staff at three of the extended access locations and they described and showed us how prescription paper for the extended access service was securely held, logged and provided at the start of each session.
- The provider confirmed that a medicine prescribing audit had not yet been undertaken but that this was included on the clinical governance action plan. Liaison was undertaken with the medicine management team and areas identified by them were reviewed alongside best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Each location had established processes in place for checking emergency medicines and staff kept accurate records of stock of medicines and their expiry dates.
- Patient group directions (PGDs) required to allow the administration of some medicines by practice nurses without them having to see a prescriber (such as a doctor or nurse prescriber) were not in place. The provider confirmed they would take action to put these into place immediately.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. A clinical governance action plan was in place and this highlighted areas for improvement and recorded progress against identified areas.

Requires improvement

Are services safe?

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. We saw records of significant incidents, the investigations and actions undertaken. For example, improvements were implemented following a missed referral, an inappropriate appointment booking, and a two-week referral not picked up by a GP practice. Each incident resulted in shared learning and adaptation or changes in processes.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, however an overarching log of significant incidents was not maintained. This would assist the provider to identify themes.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service.

Good

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. For example, patients could be referred on to other services or back to their own GP for continuation of care. We saw examples of where patients had been referred to safeguarding services.
- We saw no evidence of discrimination when making care and treatment decisions.
- Any GP practice, within the CCG area could book appointments directly onto one of the host extended access locations. Reception staff had clear guidance about what type of consultations were offered by the service and what was not available. For example, the service did not provide fit notes, mental health assessments or repeat prescriptions. The provider advised GP practices what type of appointments were available well in advance. For example, practice nurse appointments were made available usually a week in advance and the notifications advised the type of appointments that could be booked, to reflect the skill set of the nurses working. For example, on the weekend of the 25 May 2019, appointments for the removal of sutures and wound checks were available at Accrington.
- The service also provided a phlebotomy service at different locations as per rota. Three phlebotomists were trained to undertake paediatric phlebotomy.
- Working relationships were established with the local Out of Hours service and the NHS 111. The out of hours service could also book appointments during the period extended access services were available and NHS 111 had direct booking access at weekend at one host location.
- The appointments and consultations provided were reviewed regularly, and quality monitoring reports were provided to the CCG.

Monitoring care and treatment

The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The provider confirmed the clinical governance quality improvement plan was being implemented. Where appropriate clinicians took part in local and national improvement initiatives.

- A clinical governance action plan was in place and this clearly showed regular review and updating.
- The service audited the referrals made to the urgent two-week-wait service during December 2018 and re-audited this in March 2019. The outcome of the audit identified that urgent referrals were responded to by the patient's GP practice appropriately.
- A log of all two-week referrals was also recorded, and this detailed the concern, the clinical speciality the referral was sent to and the patient outcomes following the referral.
- The provider held a contract with the local clinical commissioning group (CCG) and was required to report monthly to the CCG on their performance against the contract standards. This included appointment utilisation at each location for each set of clinicians, patient attendance by GP practice, appointments booked by the out of hours and NHS 111 service and patient demographics. In addition, the activity report detailed the percentages for each of the patient outcomes such as self-care advice, action for own GP to follow, no follow up required, two-week rule and urgent referral to secondary care.
- Additional data was also provided to East Lancs CCG quarterly for the extended access service and the phlebotomy service and this included information about compliments, complaints, incidents, staffing absence, vacancies, and mandatory training compliance.
- The provider had undertaken a review of clinical consultations (GP and ANP) in May 2019 which looked at random sample of 50 consultations carried out between

Good

Are services effective?

October 2018 and March 2019. This identified no unsafe practice, and good compliance against the set criteria, but did identify areas for improvement and learning. These included reminding clinicians to comply with the East Lancashire prescribing formulary, uploading the two-week referral template onto GP teamnet to ensure more accessibility, recording of prescriptions and consideration for QOF data collection.

- The service's clinical governance action plan showed a structured audit plan was being developed.
- The provider held monthly board meetings with the directors of the service, (mainly voluntary GPs working at one of the member GP practices) to review performance and review clinical care.
- Members of the GP federation (GPs within East Lancashire) were also shareholders in the service and meetings were held quarterly to discuss business development, performance and opportunities to develop and improve service delivery.

Effective staffing

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

- There were separate service level agreements in place, one for the extended access locations, one for GPs and one for all other staff working in the service and this included nurses, reception and administrative staff. The agreements required staff to keep their training up to date, both for mandatory and role dependent training. The extended access location or host sites were responsible for ensuring they monitored staff training to ensure it was up to date. Each host site confirmed in March 2019 that all staff working for the extended access service were up to date with training requirements. The provider had not yet implemented an independent quality assurance check to monitor compliance with the service level agreement.
- The provider had an induction programme for all newly appointed staff. All reception and senior administrative staff told us about their induction training and confirmed they had a clear understanding of their role and responsibilities.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider had undertaken an audit of clinical consultations to review compliance with standards. However, a scheduled plan to undertake regular audit of clinical consultations was not yet established.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The service had access to patients' GP NHS records and depending how the patient was booked into the service could document directly into the patient's record.
- Following consultation patients requiring follow up treatment were given a card to take to their GP to arrange this follow up treatment. The service also notified the patient's GP practice of the need for follow up treatment.
- The service did not undertake any referrals for patients. Instead the referral information was completed by the service and sent back to the patient's GP practice. The service had developed a failsafe system for two-week wait referrals whereby the consulting GP would notify a receptionist that the referral had been made. The receptionist sent an email to the practice the same evening advising them to check their workflow for the referral and the following day checks were undertaken to ensure the practice had responded to the workflow task.
- Staff reported communications within the service were good and said they felt well-informed.

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. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.

Good

Are services effective?

- Where patient's healthcare issues could not be met by the service, staff redirected them to the appropriate service for their needs. A log of inappropriate appointments for the extended access service was maintained and where concerns were identified these were shared with the relevant GP practice to improve the quality of the service and the patient experience.

Consent to care and treatment

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

- Patients were asked for their consent for clinicians to access their medical records at the very first appointment with the extended access service. Once consent was obtained, this was recorded and the patient could access the service. If consent was refused by the patient, the service could not provide a consultation.
- 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.
- The provider monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- We did not receive any Care Quality Commission comment cards. This was because the service swapped out the CQC comment cards and replaced it with a one of their own feedback forms which incorporated the questions asked on the CQC comment card. The service then uploaded the returned patient feedback forms onto survey monkey. A copy of the outcome of this survey was provided to the inspectors.
- This showed that 131 patients had submitted feedback at the one registered location (Peel House Medical Practice). The provider confirmed that these had been received over an approximate three week period. The survey contained 18 questions, of these 10 asked specifically about the service. For example, when asked "Were staff caring and were you treated with dignity & respect when you attended your appointment?" 127 responses were received and the breakdown of these showed that 87 patients rated the service as excellent, 37 patients rated it good, 2 rated it fair and one rated it poor.
- When asked, "How would you rate the quality of care provided by the Clinician you saw?" 81 patients out 128 responses stated it was excellent, 45 stated it was good, 2 stated it was fair and 0 stated it was poor.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- We spoke with two patients who told us they were very happy with the quality of service they received. The patient survey results showed positive responses from patients when asked if they were listened to; with 84 out 131 responses stating this was excellent, 45 responses indicating this was good and one response for both fair and poor.

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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. The provider engaged with commissioners and member practices to secure improvements to services where these were identified. The provider offered examples of recent discussions with primary care networks to provide additional services.
- The provider improved services where possible in response to unmet needs. For example, one of the phlebotomists was trained to take paediatric bloods. This provided a valuable service for patients living locally and was cost effective when compared to the costs incurred from a hospital appointment to undertake this task.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. These included patients who tried to obtain prescriptions inappropriately. The service was not designed to offer routine support to patients with specific health care needs such as end of life care. However, if a patient attended the service treatment would be provided as required.
- The service was able to offer 15-minute appointment slots if needed.
- 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, the practice host locations had a hearing loop for patients who had hearing difficulties and translation services for those who required them.
- The service was responsive to the needs of people in vulnerable circumstances if they were referred to the service. However, the service was not designed or commissioned to meet the needs of patients with complex care needs or those considered vulnerable.
- The patients told us they found the service to be good.

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 outside the core operating hours of their own GP practice. Patients could book appointments from between 6.15pm to 8.45pm Monday to Friday and had a choice of five locations to choose from. Weekend appointments were available; Saturday mornings at all five locations and two locations offered Sunday appointments also.
- The service did not see walk-in patients and systems to respond to patients who did attend without an appointment were established. Access to the service was by appointment only.
- Patients we spoke with told us the appointment system was easy to use.
- Systems were established and monitored to ensure patients requiring onward referral or transfer to other services were undertaken in a timely way.

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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. One complaint had been received in the last year. We reviewed the complaint and noted it had been responded to appropriately in accordance with the provider's policy.
- The provider confirmed that any issues identified either by complaint, significant incident or other avenues were responded to and involved other services as required. Records of significant incidents and the logs of appropriate appointments provided evidence of shared learning.

Good

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it. The board of directors for Lancashire EU of GPs Limited included the CQC registered manager (operations director), and four GPs (GP partners from within the East Lancashire locality) who provided clinical leadership. To support the board, there was also an independent non-executive director. All leaders had many years of experience of leadership, governance and working in the NHS.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Regular consultation with the CCG was undertaken and monthly boards meetings and quarterly shareholder meetings were held.
- Staff we spoke with at all three locations we visited told us that that the operational leads 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 stated their mission was to "protect, enhance and grow General Practice"; by working with patients, local GP practices and commissioners "to facilitate the development and transformation of local services for local people by providing support, opportunities and a trusted presence".
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- 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. Staff told us they enjoyed working for the service and believed they provided a quality service that patients appreciated.

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 consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, the service had strengthened their failsafe mechanisms to ensure that all two-week referrals were received by the appropriate GP practice. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. The service level agreements in place for staff and the host sites emphasised the responsibility for development and appraisal lay with the staff members' primary employer (GP practice). For those staff directly employed by the federation, systems for annual appraisal were in place.
- There was a strong emphasis on the safety and well-being of all staff. We spoke with several staff from three locations and they told us they felt supported by the federation and enjoyed working for the service.

Good

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff confirmed they had received equality and diversity training from their primary employer. 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.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety. Although more thorough oversight of the organisation's recruitment processes was required Systems to monitor compliance with the requirements and agreements detailed in the service level agreements had not yet been established.

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.

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

Systems of monitoring and 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 provider had plans in place and had trained staff for major incidents. There was a business continuity folder at every service-delivery site.

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 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 used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were 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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service actively encouraged patient feedback through the use of questionnaires. The provision of feedback questionnaires for the extended access service had just commenced whereas for the phlebotomy

Good

Are services well-led?

service, these had been offered for some months. We saw feedback from patients was collated, reviewed and reported on as part of the quality monitoring process for commissioners. Feedback received was positive.

- Staff were able to describe to us the systems in place to give feedback. The staff at the host sites told us that any issues, concerns or suggestions were shared, and they felt they were listened to. Staff felt able to give feedback and believed that leadership within the organisation would act on feedback where they could and offer appropriate support where necessary.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. The clinical governance action plan for the service identified areas for improved working for example, in relation to using electronic systems for requesting clinical tests, and in improving communications with staff working in the service by using a new electronic document management system.
- 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.
- There was a strong culture of partnership and collaborative working both with GP practices, other extended access and out of hours services and primary care networks.
- The service also facilitated the work of the National Institute of Health Research (NIHR) and along with the local university (UCLAN) assisted GP practices to undertake research. Support offered to member GP practices included assistance with recruitment and payment mechanisms.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met** The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: • Records demonstrating satisfactory evidence of conduct in previous employment such as professional and personal references were not available nor was evidence of staff identity available. Regulation 19(3)