

The Walcote Practice

Inspection report

Southgate Chambers
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Good overall. (Previous inspection October 2019, rated Good)

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 inspection at The Walcote Practice as part of our inspection programme.

The Walcote Practice provides private GP services to self-funded and privately insured patients who are also registered with an NHS GP. Services include, but are not limited to; wellness screening and health checks, sexual health checks and diagnosis and treatment of long term conditions. The service also provides minor surgery, the fitting of contraceptive implants, mother and baby checks, joint injections, COVID-19 PCR testing, travel services and vaccines.

The service has a registered manager. 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:

- The service continued to provide good quality care that was patient focused and met patients' changing needs.
- It had addressed suggestions made at the previous inspection.
- The service made improvements following incidents and complaints, and demonstrated an effective governance framework.
- It has invested in additional services during the COVID-19 pandemic to support patients who might be vulnerable.
- The provider had implemented safe systems for infection prevention and control as well as safeguarding vulnerable adults and children.
- The provider had maintained an audit programme during the COVID-19 pandemic and monitored prescribing and patient feedback.
- The Walcote Practice provided staff with access to a suite of online training and required staff to keep up to date with role-specific courses.
- Patient satisfaction was high and the website was clear and informative.

We saw the following outstanding practice:

Overall summary

- The Walcote Practice quickly responded to the COVID-19 pandemic to support patient safety. As well as adapting to offer remote services, it continued to offer face to face appointments and home visits. It invested in pulse oximeters (to measure oxygen levels in blood) and gave these to patients who might be at risk of hospitalisation from COVID-19 and set up systems for patients to share their daily oxygen levels. They also provided oxygen concentrators to help patients stay safe in their own homes for as long as possible.

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 CQC Inspection Manager and a specialist adviser who interviewed the registered manager via a remote video call.

Background to The Walcote Practice

This service operates from one location; The Walcote Practice, Southgate Chambers, 37-39 Southgate Street, Winchester, Hampshire SO23 9EH.

The Walcote Practice provides private GP services to self-funded and privately insured patients who are also registered with an NHS GP. Services include, but are not limited to; wellness screening and health checks, sexual health checks, and diagnosis and treatment of long term conditions. The service also provides minor surgery, the fitting of contraceptive implants, joint injections, travel services and vaccines, COVID-19 PCR testing and mother and baby checks. The Walcote Practice offers services to both adults and children. Patients pay the Walcote Practice per consultation. Patients are able to book appointments at a time to suit them and with a doctor of their choice. GPs conduct face to face, video and telephone consultations with patients and, where appropriate, issue prescriptions or make referrals to specialists.

The service is open from 8.30am until 6pm Monday to Friday. At the time of the inspection consultations were available until 5pm as a temporary measure, until the new assistant practice manager begins in role in December 2021. It will offer a late night session until 6.30 on Tuesdays when the new assistant practice manager starts and it is open from 9am until 12.30pm every Saturday.

The service is registered to provide the following regulated activities: treatment of disease, disorder or injury, family planning, maternity and midwifery services, surgical procedures and diagnostic and screening procedures.

The service employs one full-time GP and two part-time GPs, a business manager, a practice manager, a senior practice administrator and a Saturday morning receptionist. The practice is supported by four reception staff who are employed by an independent company, with which the practice has a service agreement. The reception staff provide reception and administration support to the service and other companies which operate from the same premises.

www.thewalcoteppractice.co.uk

How we inspected this service

For this inspection, the GP specialist advisor held a remote interview with the registered manager, who is also the medical director, in advance of the onsite visit. We gathered and reviewed information before and during the inspection and spoke with staff when we visited the service.

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 Good because:

The provider continued to operate within a framework of safe systems. These included having good infection control procedures, a trained cohort of staff to recognise and report safeguarding concerns and systems for reducing risks relating to the environment and patient care. Medicines were managed in line with agreed protocols.

Safety systems and processes

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

- The provider had a contract with a quality management service which supported the service to maintain up to date safety policies and procedures. The service had relevant and tailored safety policies and risk assessments. They outlined clearly who to go to for further guidance within the service and externally. 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. The registered manager was the safeguarding lead and all staff were trained to an appropriate level. At the previous inspection we found reception staff had not been formally trained to the required level. This inspection showed they had received Level 2 training in safeguarding children and vulnerable adults. Training included topics such as recognising domestic abuse and violence, modern slavery and radicalisation. Reception staff were able to describe actions they had taken in response to concerns they had observed. Policies and procedures were up to date and reflected current guidance.
- There was information on the service's website and on the premises advising patients they could request a chaperone. The reception and administration staff were trained as chaperones and had received a Disclosure and Barring Service (DBS) check (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). The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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. The registered manager, who was also the safeguarding lead, provided examples of when they had taken action to protect patients who they identified as being at risk of abuse. They had liaised with the safeguarding teams as appropriate.
- The service maintained a register of patients who were vulnerable and had an alert system on patient records that included highlighting those at risk of abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. DBS checks were undertaken as part of the recruitment process.
- There was an effective system to manage infection prevention and control. Staff were appropriately trained, and the service had implemented a range of measures to protect staff and patients from COVID-19. These included installing screens for reception staff, ensuring there were enough hand sanitisers and masks available and updating guidance for patients on the website. The service's most recent infection control audit was in May 2021 and it resulted in a score of 100% in almost all areas. One area for improvement related to the external cleaning company, which the service had addressed by securing the services of a replacement company. In addition, the provider had undertaken audits of hand hygiene and aseptic techniques in September 2021.
- The service monitored the cleaning undertaken by the contracted cleaning firm and results from these monitoring activities and the audit had led to a change in the cleaning contractor. Cleaning staff were required to demonstrate compliance with DBS level 1 checks.
- There were systems for safely managing healthcare waste.

Are services safe?

- The service requested evidence of compliance with premises checks from their landlord and there were systems to ensure facilities and equipment were safe. There were no actions outstanding from the most recent environment risk assessments and a new fire alarm system had been installed. The service ensured equipment was regularly tested and calibrated.

Risks to patients

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

- The provider had identified a risk relating to staffing capacity, in response to rising demand for their services, in October 2021. The provider temporarily closed their list to new patients to prevent the staff becoming overwhelmed. It had also recruited additional part-time doctors, to start in early 2022 an assistant deputy practice manager to start in December 2021. Staff rotas were managed to ensure staff were available to provide annual leave cover.
- The service had a safe recruitment process that was clearly documented. Appropriate recruitment checks were undertaken and 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. Reception staff provided an example of when they had supported patients who had been unwell and had called the doctors to respond. They knew how to identify and manage patients with severe infections, for example sepsis. The service used the National Early Warning Score (NEWS2) to identify and record a patient's physiological details.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

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 service used an electronic records management system that had been adapted to their needs. 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. In particular, they shared details with a patient's GP, with their consent. For example, should they consider a referral was required for further NHS treatment. The service also made private referrals where appropriate.
- 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.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines (including vaccines, emergency medicines and equipment and controlled drugs) minimised risks. The service had a system for checking medicines and their stock levels, batch numbers and expiry dates. The service kept prescription stationery securely and monitored its use.
- There was a clear cold chain protocol for vaccines and the vaccine fridge temperature was monitored and alarmed. There had been an incident where a power cut had led to a small temperature rise within the fridge. The service had contacted the medicines suppliers and taken their advice in relation to the safe use of the stored medicines.

Are services safe?

- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. If the GPs found that a patient's registered NHS GP had prescribed medicines they felt were unsafe, they reported their findings to the GP directly.
- The service prescribed Schedule 2,3 and 4 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). The service maintained a separate log of all controlled drugs and prescribing, in line with legal requirements. These medicines were stored within a secured room inside a locked medicine cabinet, secured to a solid internal wall.
- Staff stored, prescribed and administered medicines to patients in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety and incidents

The service had good safety record.

- There were comprehensive risk assessments in relation to safety issues. Incidents were reported, logged and investigated.
- 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.

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. Staff understood their duty to raise concerns and report incidents and near misses. There had been three significant events recorded in the last year and they were reviewed at the weekly clinical meetings as well as with the practice manager. Reception and administration staff said they would be confident to raise issues and near misses and they would be supported by the service leadership team in these circumstances.
- 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, when there had been a power cut and the vaccine fridge alarm had been triggered, they had moved the vaccines promptly to a different fridge. They had also adjusted the fridge monitoring process, so it sent alerts to the registered manager's phone more promptly if it went out of the agreed temperature range.
- The provider encouraged a culture of openness and honesty. The registered manager provided an example of when they had applied the Duty of Candour, to explain and apologise to a patient.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to receive and share safety alerts and log the action taken in response. For example, there had been a yellow fever alert in November 2021 which had prompted the registered manager to review and update the travel vaccine template. In response to an earlier medicines alert, advising against prescribing two specific medicines together (Clopidogrel, to treat patients who have had a stroke and Omeprazole to protect the stomach from certain drugs), the practice had carried out the relevant patient searches and reviews. They had repeated the search 12 months later, to audit prescribing practices, and found there were no safety concerns.

Are services effective?

We rated effective as Good because:

The provider continued to ensure clinicians kept up to date with evidence-based guidance and provided patients with care and treatment in line with their needs. They continued to carry out clinical audits and co-ordinate patient care with NHS service providers, with patient consent. Clinicians maintained contracts with NHS GP services and had regular appraisals. Staff were trained appropriately for their roles.

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 (relevant to their service)

- The provider assessed patients' needs and delivered care in line with relevant and current evidence-based guidance and standards. For example, in line with the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The service employed a GP with experience in psychiatry and the service had good links with clinical psychologists.
- The service supported older people with detailed health checks and screening. During the COVID-19 pandemic, the provider purchased oxygen concentrators and delivered them to people with COVID and carried out remote monitoring.
- Clinicians had enough information to make or confirm a diagnosis and liaised closely with patients' NHS GPs. They advised patients what to do if their condition worsened.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate and used visual pain charts where necessary to assess pain in those who found it difficult to communicate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, they listened to feedback from patients, audited patient records and carried out a range of clinical audits. The service used audits effectively to improve the quality of care. 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.
- An audit of clinical records in May 2021 showed a marked improvement in completing records in full. There was some omission in recording against prompts where there had been no change. This learning had been shared and a re-audit was planned for 2022.
- An audit of acute sinusitis in February 2021 showed some areas of improvement and a follow up audit in August 2021 indicated significant improvement in documenting, for example, the antibiotic dose and frequency.
- A second audit of the clinical effectiveness of prescribing Pregabalin (a medicine used to treat epilepsy and anxiety) in September 2021 showed appropriate prescribing and improvements in recording.

Effective staffing

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

Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff that was appropriate for their specific role.
- Medical staff were registered with the General Medical Council (GMC) and were up to date with revalidation. They maintained roles in the NHS and the service supported the GPs in the completion of their annual appraisal process.
- Employed staff had annual appraisals, and these were opportunities for staff to discuss their training and career plans.
- The provider had established the training needs of staff and their training policy and procedure included courses different staff groups were required to complete. This included reception staff, employed by the independent company that managed the building.
- All staff had access to a suite of online training courses and there was a programme of refresher modules to help staff keep up to date with their required training. They were given protected time to complete this.
- For COVID-19, all staff who delivered the COVID-19 polymerase chain reaction (PCR) or Point-of-care tests had been trained for these tasks by the registered manager and had to complete competency assessments before they could routinely test patients.
- The practice manager maintained an up to date records of staff skills, qualifications and training. Staff were encouraged and given opportunities to develop.

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. The provider's GPs encouraged all staff to stay registered with their NHS GP, as the provider did not provide a full 24-hour service.
- Most patients used the service for screening or occupational health, with the minority attending the service for ongoing care and treatment.
- 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's templated care and treatment protocols required they asked for consent from patients to share medical information with their registered GP. The provider's GPs advised patients' registered NHS GPs when they required followed up treatment via the NHS.
- They advised the child's NHS GP when they delivered childhood vaccines, to ensure their NHS records were accurate and up to date.
- 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

Supporting 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.

Are services effective?

- The provider offered a range of private health services, and where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified and discussed with patients in agreeing a care plan. Where appropriate and with the patient's consent, the provider shared this with the patient's GP or with other health professionals to arrange additional support.
- 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.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Staff consistently treated patients with kindness and compassion. They were proud to offer a patient-centred service and working well as a team to promote patient satisfaction.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Client testimonials were included on their website and prior to the COVID-19 pandemic, the service regularly sought feedback from customers on their quality of clinical care. In January 2020 they carried out a patient survey and analysis showed a high level of satisfaction with the quality of care. There were suggestions that parking was difficult, and this was an area the service was seeking to improve, through messaging and advice.
- Testimonials and social media reviews included positive feedback on the professionalism, provision of aftercare, listening skills and consideration of the person 'as a whole'.
- Staff displayed an understanding and non-judgmental attitude to all patients.
- During the COVID-19 pandemic, the service was proud to have continued to treat patients in their own homes, with appropriate risk assessments and protective equipment.
- The service had registers of patients who were carers and also those who were cared for. This helped them quickly identify those who needed home visits.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. The service had a hearing loop for patients with a hearing impairment and could offer patients information leaflets in large print or in a format that was easy to read.
- Staff provided enough time during consultations for patients and doctors to discuss patient request or symptoms and treatment options. Information about fees was available on the website and staff made sure people were fully aware of any costs before starting on any treatment plans.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Receptionists showed discretion in the way they spoke with patients.
- The GPs held discussions with patients in private rooms. Screening was available within these rooms and the GPs offered patients chaperones.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider had responded to the recent demands of the COVID-19 pandemic to offer enhanced services for patients, including home visits, remote diagnostic testing for COVID-19 symptoms and achieving accreditation to offer COVID-19 tests. It had effective governance arrangements and understood and responded to risks. Patient feedback continued to be an important measure of service quality.

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 provider understood the needs of their patients and improved services in response to those needs.
- The service supported older people with detailed health checks and screening. During the COVID-19 pandemic, the provider purchased oxygen concentrators and delivered them to people with COVID, and carried out remote monitoring. This helped patient recovery and reduced the risk of hospital admissions.
- During COVID-19, the service also offered PCR screening to students via their schools, which was of particular benefit for those who needed to travel at short notice.
- When there was a shortage of the Meningitis B vaccine, the service organised a weekend clinic for young people as soon as stocks became available.
- For patients with long term conditions, the service offered longer appointments to discuss the patients' lifestyles and help promote changes to benefit their health and wellbeing.
- The provider supported working age patients by offering regular Saturday morning appointments, telephone and video appointments and out-of-hours appointments by arrangement. It also offered travel vaccination and health advice as well as 'fit to fly' medical assessments and certificates.
- The provider supported patients who were reluctant to engage with their NHS GP for a variety of reasons, including anxiety and personal choice. They offered home visits and appointments at locations convenient for the patient, to support people's individual requests and preferences.
- The provider employed a GP with a special interest in psychiatry, to meet the increasing demand for mental health services.
- GPs provided patients who were at the end of their life with personal contact telephone numbers.
- The facilities and premises were appropriate for the services delivered. The service was delivered from a Grade II listed building, and there were steps to the entrance of the building. The consulting rooms were on the ground and first floor, and these access restrictions were made clear to patients when they first made enquiries. The clinic had started to refurbish a third consulting room in the basement, which could be accessed without steps, which would enable access for people with mobility restrictions.
- The provider maintained a clear and up-to-date website, that included information about COVID-19 as well as the range of services offered and prices.

Timely access to the service

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

- The service was open from 8.30am until 5pm Monday to Friday and 9am until 12.30pm every Saturday. Consultations were offered by phone, video and face to face. The GPs also offered home visits during these times. They also offered home visits in the evenings, at an agreed time and convenience of patients.

Are services responsive to people's needs?

- The service aimed to extend opening times to 6pm or 6.30pm (on Tuesdays) with the appointment of additional clinical and management staff.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately. The service told us that on most occasions they were able to see patients on the same day or within 48 hours of a request for a consultation. This had become increasingly difficult during the COVID-19 pandemic, as demand had increased. As a result, there had been a period when the provider had temporarily stopped taking new patients. It had recruited additional GPs in order to maintain the timeliness of patient care.
- Referrals and transfers to other services were undertaken in a timely way. Where appropriate, patients were referred to their registered GP for NHS treatment. Patients were encouraged to remain registered with an NHS GP in order to access other forms of out-of-hours care as required.

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. The complaints procedure was available on the practice website as well as a complaints, suggestion and compliments form. Staff took complaints seriously and treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, the service had received a complaint relating to ear care. As a result of this complaint, the service had clarified the patient information relating to the procedure, to minimise the risk of any misunderstanding.

Are services well-led?

We rated well-led as Good because:

The service continued to be rated Good. The provider continued to provide good leadership and respond promptly and effectively to risks. Since our last inspection, it had adopted a new quality management system and had implemented plans to develop the service to meet an increasing demand for private healthcare.

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 had responded to recent challenges in relation to increased demand and had recruited additional staff and were refurbishing a third consulting room to support an expanding service. The practice had addressed suggestions made at the previous inspection.
- Leaders were visible and approachable. The registered manager/medical director and practice manager were full time at the service and worked closely with staff. Staff said they were well supported by the leadership team.
- The provider had effective processes to plan for the future of the service and the leadership team. This included the recruitment of a full-time assistant practice manager.

Vision and strategy

The service had 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 aimed to offer patient-centred care, with GPs working in partnership with patients and in collaboration with their NHS care where appropriate. This included offering affordable private care, at a convenient time for patients, with a focus on wellness and preventative health as well as management of illness. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service had planned its services to meet the needs of patients, to provide affordable and timely access to healthcare, in particular for those who might have difficulty using the NHS provision. The service was set up to compliment the services provided by the NHS rather than be in competition with it.
- The service monitored progress against delivery of the strategy.

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 provider focused on the needs of patients, and this was clearly evidenced in the range of services offered to vulnerable people and those with specific health or care needs.
- 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 and all incident and events were fully documented and used as learning opportunities.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. The provider had a whistleblowing policy and procedures and staff had access to key documents and links.

Are services well-led?

- There were processes for providing all staff with development and training. The provider had set up role-specific training requirements and offered quarterly refresher training. Staff had annual appraisals and career development conversations, as well as regular reviews following induction. Medical staff maintained NHS contracts and the service coordinated revalidation procedures with the GP's NHS practice. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. This was evident in the actions taken to support staff during the COVID-19 pandemic and listening to feedback from staff.
- The service actively promoted equality and diversity. All staff completed training in equality and diversity as well as the Accessible Information Standard. They recognised their service was used by people who might not want to be seen in NHS settings for a range of reasons.
- Staff felt they were treated equally and there were positive relationships between staff.

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 provider used a quality management system that issued updates on relevant legislation and guidance changes. The provider received draft policy documents that they service tailored to their specific organisational delivery mechanisms. The practice manager maintained systems to prompt any reviews of safety systems to ensure they were completed routinely.
- 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 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. There was protected access to different parts of the patient record system as well as the management files. All systems were password protected and were cloud-based. There were three drives, one restricted to clinical staff, another for the management leadership and the third to all staff.
- The provider had well-established governance arrangements and promoted interactive and co-ordinated person-centred care with other stakeholders. The service had also gained UKAS ISO 15189 accreditation to provide COVID-19 testing.

Managing risks, issues and performance

There were clear and effective clarity around 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. For example, the provider had recently identified issues with a new cleaning company and took appropriate mitigations whilst it sourced a new cleaning contractor.
- The service had processes to manage current and future performance. The provider had continued to carry out audits throughout the COVID-19 pandemic. These included audits of consultations, prescribing and referral decisions, and of infection prevention and control procedures.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- Safety alerts, incidents and complaints were logged, reviewed and acted upon to improve outcomes.

Are services well-led?

- The provider had plans in place and had trained staff for major incidents. The business continuity plan had been reviewed in October 2021, alongside the COVID-19 business continuity plan.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The provider had a safe and effective records management system that had been tailored to meet their specific needs. Its templates reflected evidenced-based care and provided clear summaries and patient-specific alerts.
- Quality and operational information was used to ensure and improve performance. The records management system included tasks and was set up to create bespoke medicines reviews.
- The doctors held weekly meetings to share information, and this included information about those patients who attended regularly for the overall healthcare provision. For example, clinicians discussed hospital discharge information and medication changes. The clinical meetings also prompted reviews of specific patient lists and discussions on updates from The National Institute for Health and Care Excellence (NICE).
- The monthly management meetings were clearly minuted and were structured to include actions from the previous meeting, significant events, complaints, the risk register and audits. These had reduced in frequency during COVID-19, to two-monthly, but they continued to support effective governance.

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.

- 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. The last routine patient survey had been carried out in January 2020, over a two-week period. This showed a high level of satisfaction with clinical care and the only area for improvement related to access to car parking. The management was aware of this and ensured new patients understood the restrictions to parking locally and provided clear guidance on nearby parking options.
- During COVID-19, the service received patient feedback from online reviews and testimonials. These were consistently positive.
- The provider had received good feedback from patients during the height of the COVID-19 pandemic, in terms of their availability and accessibility and their additional COVID-19 testing services. The GPs had continued to treat patients in their own homes during the first and second waves of the pandemic, and had offered vulnerable patients additional diagnostic equipment, including pulse oximeters and carried out daily monitoring. This has been highly appreciated by patients.
- The provider had invited non-clinical staff to give feedback in June 2021 then clinical staff in November 2021. The non-clinical staff survey included the receptionists employed by the independent company. Feedback was overall positive. There was a request for greater involvement of clinicians in the service and this was an area to be developed when the new medical staff started in 2022.
- The service was transparent, collaborative and open with stakeholders. Since the last inspection, the service had established a virtual patient participation group and the feedback received from group members has been used to further develop the service. For example, to investigate parking options and guide patients to view updates on their website.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement. The service made use of internal and external reviews of incidents, complaints and audits.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.