

# Brent GP Access Centre

## Quality Report

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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 service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

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

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Brent GP Access Centre on 5 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.
- Patient feedback indicated that patients were treated with care and respect and were involved in decisions about their treatment. Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure at local and organisational level and staff told us they felt supported by management.

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

- Maintain up-to-date records relating to facilities management undertaken by NHS Property Services (NHSPS), specifically remedial work identified from risk assessments, to be satisfied that all areas managed by NHSPS are compliant.
- Consider the infection control lead undertaking enhanced training to support them in this extended role.
- Consider the guidance of Public Health England's ordering, storing and handling vaccines (March 2014).

# Summary of findings






- Consider how patients with a hearing impairment would access the service.
- Consider providing patient literature and posters in languages aligned to the identified patient demographic.
- Review the requirements of the Accessible Information Standard.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>Good</b>	
<b>Are services effective?</b>	<b>Good</b>	
<b>Are services caring?</b>	<b>Good</b>	
<b>Are services responsive to people's needs?</b>	<b>Good</b>	
<b>Are services well-led?</b>	<b>Good</b>	

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Good</b>	
<b>People with long term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

# Brent GP Access Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

## Background to Brent GP Access Centre

Brent GP Access Centre is commissioned by Brent Clinical Commissioning Group (CCG) to provide access to GP services for all patients without the need for a booked appointment within the north west London borough of Brent. The service is located within the Wembley Centre for Health and Care (WCHC), 116 Chaplin Road, Wembley, HA0 4UZ. The premises are maintained by NHS Property Services (NHSPS). The provider is located on the ground floor and has access to three consulting rooms and a dedicated reception/administration and waiting area.

Brent GP Access Centre is provided by Harness Care Co-operative Limited who were awarded the contract on 1 April 2017. Harness Care had previously operated the GP access service alongside a GP practice within Wembley Centre for Health and Care (WCHC). However, the contract to run the GP service was awarded to another provider

following a procurement and tender process. Harness Care retained the contract to provide the GP access service and moved its location within the WCHC site. We saw adequate signage directing patients to the service and noted the provider was advising patients on its website of the move.

Harness Care was established in 2008 to provide primary care services at scale and has a membership of 23 general practices in Brent caring for 125,000 patients. Brent GP Access Centre is managed and overseen by Harness Care's Board and management team who provide centralised governance for the service. On site the GP-led service includes a doctor and nurse clinical lead and operations manager who have oversight of the centre and a team of regular sessional GPs and nurse practitioners and administration and reception staff.

The service operates under a NHS Standard Contract to provide 84 hours of GP access per week and is open from 8am to 8pm, seven days a week, 365 days per year. No patients are registered at the service as it is designed to meet the needs of patients who have a minor illness or injury that is urgent, but not life-threatening. Patients attend on a walk-in basis. Patients can self-present or they may be directed to the service, for example by the NHS 111 or their own GP.

The patient activity at the GP Access Centre is approximately forty thousand patients per year.

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The premises were managed by NHS Property Services (NHSPS) who had conducted safety risk assessments which included fire, Control of Substances Hazardous to Health (COSHH) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that some remedial action outlined on the Legionella risk assessment had not been completed by NHSPS. The provider was unaware of these outstanding actions on the day of the inspection. After the inspection the provider advised us that NHSPS had scheduled completion of the remedial action identified in the risk assessment.
- The provider had also carried out additional risk assessments of its dedicated areas within the building which included health and safety, fire and COSHH. We saw policies were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and undertook refresher training. For example, all staff had undertaken health and safety and fire safety awareness training.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. We saw that the provider maintained a liaison with the designated doctor and nurse safeguarding leads for Brent CCG, who were invited to monthly contract review meetings where safeguarding was discussed as a standing agenda item. In addition, the provider's clinical lead attended Brent CCG Safeguarding meeting on a quarterly basis.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff we spoke with were aware of safeguarding alerts and knew how to identify and report concerns.

- All staff received up-to-date safeguarding and safety training appropriate to their role.
- We saw child and adult safeguarding and female genital mutilation guidance posters in patient waiting areas and toilet facilities.
- Staff who acted as chaperones were trained for the role and had received a DBS check. Both male and female chaperones were available and we saw signage in the waiting room and consultation rooms advising patients that this service was available. Staff we spoke with who undertook chaperoning duties demonstrated they were aware of their responsibilities in line with its internal policy, which included recording in patient records when a chaperone has been present.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was an effective system to manage infection prevention and control (IPC). NHS Property Services was responsible for cleaning the centre and we observed the premises to be clean and tidy. There were systems for safely managing healthcare waste.
- Staff had access to policies which included the management of blood and bodily fluid spills, disposal of clinical waste and the management of a sharps injury. The provider had nominated one of its nursing staff as the IPC clinical lead. All staff had received on-line IPC training. However, the nominated lead for IPC had not undertaken any enhanced training to support the responsibilities of the role.
- The provider had undertaken an IPC audit and we saw areas which had been identified had been actioned. For example, recording the immunisation status of its staff in direct patient care in line with the recommendations of the 'Green Book' Immunisation against infectious diseases.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The provider had nominated a health and safety lead to oversee this.

### Risks to patients

# Are services safe?

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. The service was GP-led with a skill mix of advanced nurse practitioners. There was an effective system in place for dealing with surges in demand.
- There was an induction system for substantive and sessional staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. This included reception staff and we saw that systems were in place to determine any 'red flags' which might mean the patient needed to be seen by a clinician immediately. Reception staff we spoke with gave some examples which included chest pain and shortness of breath. We saw clear guidance on reception of the procedures to take in the event of an emergency, which has been recently updated on how to deal with an acid attack. All staff we spoke with knew the location of emergency medical equipment.
- Clinical staff we spoke with knew how to identify and manage patients with severe infections, for example sepsis.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. There was a dedicated vaccine storage refrigerator with a built-in thermometer and we saw evidence that the minimum, maximum and actual temperatures were recorded daily. However, the practice had not considered the recommendations of Public Health England's Protocol for ordering, storing and handling vaccines (March 2014) which states all vaccine fridges should ideally have two thermometers, one of which is a maximum and minimum thermometer independent of mains power. If only one thermometer is used, then a monthly check should be considered to confirm that the calibration is accurate. We noted calibration was undertaken annually. All consulting rooms had access to oxygen. However, we noted that there were no medical gas warning signage on the doors. Immediately after the inspection the provider sent photographic evidence that signage was now in place.
- The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing and local prescribing formularies. Prescribing data provided by the CCG Medicine Optimisation Team showed that prescribing of broad spectrum antibiotics, for example co-amoxiclav, quinolones and cephalosporins, was low at 3.8% (target less than 10%).
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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.



# Are services safe?

## 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. The clinical lead for the service was responsible for overseeing all significant events and incidents. All incidents were managed by the provider at a local level and outcomes escalated to Harness Care's Quality Committee to enable organisational oversight.
- Staff we spoke with understood their duty to raise concerns and report incidents and near misses and were able to demonstrate the process. Leaders and managers supported them when they did so.
- The service had recorded 14 significant events since April 2017. We found there were adequate systems for reviewing and investigating when things went wrong. The provider learned and shared lessons, and took action to improve safety.
- 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.
- The provider shared significant event and outcomes with its commissioners in its monthly quality report and contract review meetings.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and local 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 through audit of clinical consultations.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The provider as part of its contract monitored frequent attenders and recorded patients who had attended the centre more than six times in a 12-month period.
- Staff assessed and managed patients' pain where appropriate and we saw staff had access to guidance on assessment and pain scoring.

### Monitoring care and treatment

The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group (CCG) to monitor their performance and improve outcomes for people. This included patient satisfaction, complaints and significant events or incidents. We reviewed quality reports submitted to the CCG and minutes of contract review meetings where these outcomes were discussed.

The service also provided performance data to the CCG which included the number of patients who attended the centre and waiting times. Data showed that:

- For the period April to June 2017 the service had seen 11,081 patients and for July to September 2017 the service had seen 9,451 patients. The service was contracted to see 9,625 per quarter.

- For the period July to September 2017, 71% of patients were seen in less than 90 minutes (contract target 70%) and 91% of patients were seen in less than 120 minutes (contract target 90%).

The provider did not use the standard clinical patient management system for urgent and unplanned care and used a primary care clinical system which required some KPIs to be captured manually at the point of registration. For example, the reason for attending the access centre. Data for September 2017 showed that 3,197 patients accessed the service of which 174 were not registered with a GP and for October 2017, 3,845 patients accessed the service of which 226 were not registered with a GP.

Clinical audit had a positive impact on quality of care and outcomes for patients. The service was actively involved in quality improvement activity. For example, prescribing audits and audits of notes, including consultations with children, using the Royal College of General Practitioners (RCGP) Urgent and Emergency Care Clinical Audit Toolkit. Sessional clinical staff we spoke with told us that feedback from these were helpful.

### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as health and safety, fire awareness, infection control, safeguarding and incident reporting. There was an up-to-date GP locum information folder.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. Staff we spoke with confirmed this.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop. Training opportunities were also offered to sessional GPs and ANPs. Up-to-date records of skills, qualifications and training were maintained.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical

# Are services effective?

## (for example, treatment is effective)

prescribing. Staff we spoke with told us they had regular one-to-one meetings with their line manager and felt the management team operated an 'open door policy' and were visible and accessible.

- There was a clear approach for supporting and managing staff when their performance was poor or variable. For example, one-to-one meetings with line manager and additional training.

### 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 services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, referral to Northwick Park Hospital via the ambulatory care pathway.
- Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, liaison with social services in the management of the frail and elderly.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

- An electronic record of all consultations was sent to patients' own GPs in line with the provider's contractual requirements.

### 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. As a GP access centre the service did not have the continuity of care to support patients to live healthier lives in the way that a GP practice would. Patients typically attended the service with non-life threatening health conditions, injuries and illnesses.

However, staff told us they were committed to the promotion of good health and patient education. Healthcare promotion advice was available in the waiting room and staff told us that patients were referred to the community pharmacists where appropriate, for example for smoking cessation guidance and treatment.

Staff encouraged patients to register with a GP and signposted them to the GP practices operating within the Wembley Centre for Health and Care.

### 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.
- The service monitored the process for seeking consent appropriately through random audit of consultation note-taking.

# Are services caring?

## Our findings

### 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 received 17 patient Care Quality Commission comment cards of which 13 contained positive comments, two mixed comments and two negative comments. Patients said they felt the provider offered a fantastic, excellent and efficient service and that staff were very professional, friendly and caring. The four negative comments received were about the waiting times to be seen. Conversely, three of the positive comment cards commented on how quickly they had been seen.

The provider sought patient feedback through the NHS Friends and Family Test (FFT). Data for the period April to June 2017 showed that 84% of patients said they were extremely likely or likely to recommend the service and for the period July to September 2017, 96% of patients said they were extremely likely or likely to recommend the service.

In addition, the provider captured patient satisfaction data as part of its contract monitoring. For example, data for the period April to June 2017 showed that 94% of patients rated the service as very good or extremely good and for the period July to September 2017, 93% of patients rated the service as very good or extremely good (contract target 80%). We saw that patient satisfaction outcomes were displayed on a noticeboard in the waiting area.

#### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care. The management team 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) but had not formalised their policy and could not give any examples on the day of the inspection.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in the waiting room to help patients be involved in decisions about their care.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Patients told us through comment cards, and outcomes from patient satisfaction surveys, that they felt listened to, involved in their care and supported by staff. For example, data from recent patient satisfaction surveys showed that 90% of patients said they strongly agreed or agreed that the clinician they saw had listened to their needs and 90% of patients said they strongly agreed or agreed that they were given a full and understandable explanation of their treatment and were involved in the decision of their care.

#### Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Data from recent satisfaction surveys showed that 88% of patients said they strongly agreed or agreed that they were treated with respect, dignity and had confidence in the clinician they saw.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The service 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 improved services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified. For example, the provider was working closely with its commissioners on an integrated model of care aligning closely with GP practices and urgent care centres in the delivery of care. This formed part of the Shaping a Healthier Future initiative to transform primary and community care to allow more services to be delivered outside the hospital setting.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, the safeguarding register and clinical alert system was updated each week in liaison with the local safeguarding team.
- The facilities and premises were appropriate for the services delivered. The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms and was visible from reception. There was enough seating for the number of patients who attended on the day of inspection. Toilets were available for patients attending the service including accessible facilities. Baby changing and breast feeding facilities were available.
- Interpreter services were available for patients whose first language was not English. The provider had identified the most common languages requested which included Arabic, Romanian, Polish, Hindi and Urdu. We observed notices in the waiting area informing patients that interpreting services were available but these were written in the English language only.
- Male and female chaperones were available and patients were able to see a clinician of the same gender if requested.

### Timely access to the service

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

- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- Patients were able to access care and treatment at a time to suit them. The service operated from 8am to 8pm, seven days a week, 365 days per year.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. Children under the age of two and pregnant women were seen by doctors only.
- The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- The service was meeting its contract targets, for example the waiting time to be seen by a clinician. Waiting times and delays were minimal and managed appropriately. Action was taken to reduce the length of time people had to wait for subsequent care or advice.
- Referrals and transfers 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 and it was easy to do. There was a nominated complaints lead. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.
- The provider had received three complaints since April 2017 and we found that they were satisfactorily handled in a timely way. The provider maintained a record of all verbal complaints and reviewed feedback on the NHS Choices website.
- The service learned lessons from individual concerns and complaints and shared outcomes with its commissioners.

# Are services well-led?

Good 

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

## Our findings

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

### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable and staff we spoke with confirmed this. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

The service had a clear vision, values and strategy to deliver high quality care and promote good outcomes for patients in line with its contract to deliver a GP access service.

- Harness Care Co-operative Limited had a corporate vision 'to create healthier communities'. Its values were to work in trusted collaboration and partnership, to see continuous improvement, to value people, to behave professionally, to listen and communicate effectively and to build positive relationships.
- Staff were aware of and understood the vision and values and their role in achieving them. Staff we spoke with gave examples of what the vision and values meant to them and how they upheld these in their day-to-day role.
- The service had a realistic strategy to deliver its contract in line with health and social priorities across the region. The provider monitored progress against its contract with commissioners.

### 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. All the sessional staff we spoke with told us they had a good relationship with staff and managers and they felt part of the team. They told us the management team were approachable and they enjoyed working at the centre.
- The service focused on the needs of patients.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence 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 received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. 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.
- The service actively promoted equality and diversity. Staff had access to equality and diversity training. Staff we spoke with felt they were treated equally.
- There were positive relationships between non-clinical and clinical staff and the management team.

### 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 at both a local and organisational level.
- The provider held regular meetings, which included team/staff meetings, clinical meetings, management meetings, organisational Board meetings and contract review meetings with commissioners and stakeholders. Minutes of internal staff meetings were available and accessible to staff.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Staff had lead roles, for example complaints, significant events, safeguarding, clinical governance, infection prevention and control and health & safety.



# Are services well-led?

Good 

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

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## 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.
- Performance of substantive and sessional clinical staff could be demonstrated through audit of their consultations and prescribing.
- Leaders had a good understanding of service performance against key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example, the impact of the move in location had been considered on the service specification and delivery of patient services.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- 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 provider sought patient feedback through the NHS Friends and Family Test (FFT) and patient surveys. Patient satisfaction outcome data was available to patients and staff and shared with the provider's commissioners.
- 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. For example, the provider was collaborating with a university to facilitate nurse placement training.
- The provider worked closely with its commissioners on an integrated model of care aligning closely with GP practices and urgent care centres in the delivery of care. This formed part of the Shaping a Healthier Future initiative to transform primary and community care to allow more services to be delivered outside the hospital setting.
- The service made use of internal and external reviews of incidents and complaints. Learning on at a local and organisational level was shared and used to make improvements.