

Honeysuckle Lodge

Inspection report

Tickhill Road Site
Off Weston Road, Balby
Doncaster
DN4 8QN
Tel: 07340543821

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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 12 June 2019 – Requires improvement).

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 Honeysuckle Lodge (formally registered as Devonshire House) to follow up on a breach of regulations. As part of the comprehensive inspection, we inspected safe, effective, caring, responsive and well-led.

CQC inspected the service on the 12 June 2019 and asked the provider to make improvements regarding Regulation 19 of the Health and Social Care Act etc. We checked this area as part of this inspection and found this had been resolved.

The provider, Primary Care Doncaster (PCD) is a GP federation located in Doncaster.

PCD has been commissioned to deliver 160 hours per week of primary care appointments, some of which are targeted at excluded and vulnerable groups. These are provided from a health bus which is in operation Wednesdays, Thursdays and Fridays at different sites in Doncaster, providing drop-in clinics. All practices in Doncaster will be able to signpost people to the health bus which is set up to service the whole population of Doncaster. All the GPs are regular locums.

Primary Care Doncaster also provide a COVID-19 vaccination service, this was not included in this inspection as they are not within scope.

Mrs Sherburn is the 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.

As part of our inspection, we spoke with and received feedback from ten members of staff and received four comments from people who use the service.

Our key findings were:

- Staff had the information needed to deliver safe care and treatment.
- Staff worked together and with other organisations to deliver effective care and treatment.
- There was compassionate, inclusive and effective leadership at all levels. The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. Governance arrangements were proactively reviewed and had been significantly strengthened since the last inspection.
- There was a demonstrated commitment to best practice performance and risk management systems and processes.

Overall summary

- Staff at all levels demonstrated commitment to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.
- There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. For example, the health bus provides additional support to GP practices in Doncaster and reaches vulnerable people in society who have difficulty accessing healthcare.
- Staff said management were approachable, they felt supported, informed, listened to, there was an open-door policy and actions were taken for improvement. They also said it was a positive, inclusive, well-led and encouraging environment and staff work well together. They said PCD was a big family. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- All the patient feedback was positive, and they spoke highly of the service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and a specialist advisor.

Background to Honeysuckle Lodge

Honeysuckle Lodge is located at Tickhill Road Site, Off Weston Road, Balby, Doncaster, DN4 8QN.

The provider is registered with CQC to deliver the Regulated Activities of diagnostic and screening procedures; maternity and midwifery services; and treatment of disease, disorder or injury.

The provider is a federation of 37 GP practices located across Doncaster and provides several NHS services to the local population on behalf of its member practices. The main service offered is providing an extended access service, which included delivering the COVID-19 vaccination programme, with some non-NHS premises being designated as additional sites and providing additional GP appointments, screening capacity, and condition-specific services on behalf of Primary Care Doncaster's member practices.

The provider also runs a health bus which is in operation Wednesdays, Thursdays and Fridays and is located in various areas of Doncaster each week, morning and afternoon to reach various population groups. The locations are advertised on the providers website and on social media and the services is accessible on:

- Wednesday 09:30 – 12:30 and 13:30 – 16:00
- Thursday 09:30 – 12:30 and 13:30 – 16:00
- Friday 9:30 – 12:30 and 13:30 – 16:00

How we inspected this service

Throughout the pandemic, CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Conducting in-person staff interviews
- Requesting evidence from the provider
- Conducting a staff questionnaire
- Requesting and reviewing patient feedback
- A short site visit

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?

At the last inspection in June 2019, we rated safe as requires improvement, because:

- There was a lack of evidence all staff had received the appropriate level of safeguarding training.
- There was a lack of evidence all the required recruitment checks had been undertaken.
- Provision of emergency equipment and medicine was not based on risk assessment.

At this inspection, we rated safe as Good because the above areas had been addressed.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had good systems in place to safeguard children and vulnerable adults from abuse. This included regular audit activity carried out by the providers service delivery team and resources and videos on their website to help people recognise signs of abuse.
- 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.
- At the last inspection in June 2019 we were not assured all recruitment checks had been undertaken. At this inspection we saw the provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Since the inspection Primary Care Doncaster (PCD) had implemented an electronic system which included all the pre employment checks, such as a record of all staffs DBS checks, professional registration details, references and immunity status.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role, this was recorded on an electronic system and flagged to staff and Human Resources (HR) when it was due. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- At the inspection in June 2019, we asked the provider to review and improve systems to monitor standards of infection prevention and control. At this inspection we found there was an effective system to manage infection prevention and control, including a daily cleaning schedule, daily vehicle checks of the health bus, MOT certificate and infection prevention and control audits.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.

Are services safe?

- 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 care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- At the inspection in June 2019, we found the procedures for the oversight of referrals required review. At this inspection we found clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. PCD worked collaboratively with practices across Doncaster. Consultation notes were placed directly into clinical systems for the patient. Any information which the GP felt the patient's practice needed to be alerted to urgently was either sent as a task via the clinical system or reported by telephone call. . Two-week wait referrals were tasked directly to the patient's normal practice. Processes were in place to ensure all referrals had been received and acted upon. This included daily monitoring and quarterly quality report.
- 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.

- At the last inspection in June 2019, we asked the provider to review and risk assess provision of emergency medicines and equipment. At this inspection we found there were systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.
- At the last inspection in June 2019, we asked the provider to review and risk assess procedures for transportation of blank prescriptions by staff. At this inspection we found the service kept prescription stationery securely, monitored its use, there was a Standard Operating Procedure and risk assessment for transportation.
- At the inspection in June 2019, we asked the provider to review and improve systems to monitor that clinical outcomes and prescribing practice is in line with best practice guidelines. At this inspection we saw the service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. This was included in the monthly extended access audit of GP consultation records.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues, including the location and parking of the health bus.
- 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. Leaders and managers supported them when they did so. Staff told us PCD fostered an open and honest culture with all staff members and felt confident to raise concerns with any staff member.
- There were effective 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. Incidents were analysed monthly to identify good practice, safe outcomes, shared learning and identify gaps in training. Incidents and lessons learned were summarised in the quarterly quality report. An annual review identified whether actions implemented were effective and Board members had oversight of this. The majority of the incidents reported were applicable to the vaccination sites which is outside of CQCs remit. We saw two incidents had been reported in relation to the health bus in the last 12 months, actions and learning were documented.
- There was an open culture in which all safety concerns raised by staff and patients were highly valued as being integral to learning and improvement. Staff who provided feedback knew how to escalate incidents and were encouraged to do so.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- At the last inspection in June 2019, there was no there was no written evidence that the service acted on or learned from external safety events or patient and medicine safety alerts. At this inspection we found that an effective system had been introduced to ensure alerts were reviewed, disseminated to staff, including sessional and agency staff and were acted upon and monitored.

Are services effective?

At the last inspection in June 2019, we rated effective as requires improvement, because:

- There was a lack of evidence of quality monitoring and improvement relating to clinical outcomes.
- There was a lack of evidence the practice ensured staff had received relevant training, including refresher training, for their role.

At this inspection we rated effective as Good because the above areas had been addressed.

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 needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- At the last inspection in June 2019, there was a lack of evidence of quality monitoring and improvement relating to clinical outcomes. At this inspection, we saw monthly audits were completed by two dedicated clinical auditors to ensure clinicians were working to a sufficient standard, providing and documenting quality consultations, to identify and address any issues raised and to improve patient care. The results of the audits were recorded on a staff audit tracker for monitoring purposes. The clinical audits were summarised in the quarterly quality report. GPs spoke positively about the audits, they said it enabled them to receive timely feedback.

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 and a record of completion was maintained.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- At the inspection in June 2019, there was a lack of evidence the provider ensured staff had received relevant training, including refresher training, for their role. At this inspection we saw PCD had implemented an electronic system to monitor staff records of skills, qualifications and training. 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.

Are services effective?

- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

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

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe 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 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, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, PCD have increased their engagement with practices in Doncaster and patients by 50%. This has been achieved with the introduction of frequently circulated monthly bulletins and newsletters which illustrated positive engagement with member practices. Practices in Doncaster routinely informed PCD of where patient demand was including areas of deprivation. The health bus was regularly based in the city centre close to 'Doncaster Conversation Club,' a drop-in centre for asylum seekers and refugees which was frequently accessed. Staff told us the health bus was a vital resource to some of the most vulnerable people in society who have incredible difficulty accessing healthcare.
- 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.

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.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, GPs on the health bus had direct access to patients' records, allowing the patients GP practice to receive timely information.
- 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 effective?

- The service monitored the process for seeking consent appropriately.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Monthly audits were completed by two dedicated clinical auditors to ensure clinicians were working to a sufficient standard, providing and documenting quality consultations, to identify and address any issues raised and to improve patient care.
- Feedback from patients was positive about the way staff treat people.
- 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.

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. We saw notices, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The GP only saw one patient at a time on the health bus so patients could discuss sensitive issues.

Are services responsive to people's needs?

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. For example, PCD used social media to ask people which locations in Doncaster they would like to see the health bus. The feedback from social media was used to inform the planning of locations.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The health bus also had the ability to lower its air suspension to allow access for a patient with reduced mobility.

Timely access to the service

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

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. Two-week wait referrals were tasked directly to the patient's normal practice. Processes were in place to ensure all referrals had been received and acted upon. This included daily monitoring and a quarterly quality report.

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 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 had complaint policy and procedures in place. There had been no complaints regarding the health bus.

Are services well-led?

At the inspection in June 2019 we rated well-led as requires improvement because:

- The service lacked effective processes to monitor the provision of services by other organisations such as recruitment and infection prevention and control compliance.
- While several areas had been identified for improvement, such as clinical audit and staff training, systems to improve these areas were in very early stages of development.
- Some areas had not been risk assessed such as emergency equipment and medicines provision and transport of blank prescriptions and patient records.
- There was a compassionate, inclusive and effective leadership at all levels. Staff said management were exceptionally approachable, they felt very supported, informed, listened to, there was an open-door policy and actions were taken for improvement. They also said it was a positive, inclusive, well-led and encouraging environment and staff worked well together. They said PCD was a big family. Staff at all levels were actively encouraged to speak up and raise concerns.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The leadership team had completed a leadership development course to become a high performing team and create a supporting environment and to deliver excellent and sustainable care.

At this inspection we rated well-led as Good because they had addressed all the above areas.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. We saw PCD were proactive in responding to the previous inspection breaches. Problems were identified and addressed quickly and openly with staff and the public (the action plan was available on PCD website). They invested in the staff infrastructure and recruited 11 staff in total. They had implemented a good electronic system to monitor pre-employment checks, staff training and appraisals which flagged reminders and reviewed policies and procedures.

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 to 'support general practices to increase their sustainability and resilience, and deliver high quality patient care; facilitate transformation and innovation in primary care services, influencing and shaping strategy through strong system partnerships; and access opportunities created by national and local policy, for general practice to grow and innovate, and continuously raise standards of care.' The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

Are services well-led?

- Staff felt respected, supported and valued. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- The service focused on the needs of patients. PCD used social media to ask people which locations in Doncaster they would like to see the health bus. The feedback from social media was used to inform the planning of locations.
- 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. For example, a patient presenting to the health bus with a serious illness was promptly recognised, and an ambulance arranged for admission to hospital. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. PCD had a crib sheet for staff on incident reporting, which included a definition of duty of candour and what to do. Following an incident, a lessons learned form was shared with staff.
- Staff at all levels told us they were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. They said they had confidence any issues 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 were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff had access to an employee assist programme, occupational health and flexible working.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were very positive relationships between staff and teams.

Governance arrangements

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

- Governance arrangements were proactively reviewed and had been significantly strengthened since the last inspection. They had reviewed the thresholds of authority in the governance structures. Four key decision groups and supplementary groups, such as quality improvement group, divisional team meetings, Information governance group fed into these for monitoring, learning and action taking. This demonstrated robust 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.
- 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. PCD had a risk register with a scoring system and risk owners. The register was reviewed at the clinical governance committee and monitored by Board members.

Are services well-led?

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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.
- There was a demonstrated commitment to best practice performance and risk management systems and processes. PCD reviewed how they functioned and ensured staff at all levels had the skills and knowledge to use those systems and processes effectively. For example, PCD had an annual internal audit programme, that included business continuity/emergency preparedness, data security and protection toolkit, GDPR compliance, staff recruitment and incident management. There were clear actions to resolve any concerns. For example, PCD have created a business continuity exercise forward planner to ensure regular testing of the scenarios as detailed in the business continuity policy. Upon completion of each exercise, the policy and plan will be reviewed and updated to reflect any changes that may be required.
- The provider had plans in place and had trained staff for major incidents. PCD had a flow chart of the process and outlined responsibilities. They also had a forward planner with scheduled scenarios.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. For example, GPs receiving timely feedback on the results of consultation audits and actions taken, meetings with commissioners to compare trends, utilisation and workforce.
- 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. PCD have monthly information governance meetings to discuss data protection. They have an Information Commissioners Office (ICO) accountability framework to ensure they are meeting the data protection standards which is monitored via the quarterly quality report. An Information Governance (IG) Code of Conduct had been produced to pull key information out of IG policies in an easy read format. The purpose of this document was to make the information relevant to a staff members' day to day role to aid compliance.
- 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.

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. For example, PCD worked collaboratively with Healthwatch Doncaster to obtain

Are services well-led?

feedback from patients and as a result have added two new locations for the health bus. Patients could leave feedback via PCD's website, social media and after their consultation on the health bus. Patients spoke positively about the service, they were appreciative of the service and felt it took the stress out of contacting their GP practice, it was accessible, and all staff were caring and kind.

- Staff could describe to us the systems in place to give feedback. For example, clinical audit, email, verbally, in person, one to ones and via the staff survey. Staff told us management were always at the end of a phone or email and were very responsive, supportive and cared about their wellbeing. Feedback from the staff survey was positive, they said they felt supported and made a positive difference to patients.
- There were effective 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. Incidents and complaints were analysed monthly to identify good practice, safe outcomes, shared learning and identify gaps in training. Incidents, complaints and lessons learned were summarised in a quarterly quality report. An annual review identified whether actions implemented were effective and Board members had oversight of this.
- There were systems to support improvement and innovation work.
- The service was transparent, collaborative and open with stakeholders about performance. Quarterly contract meetings were held with commissioners to compare trends, utilisation and workforce.
- Services were developed with external partners, for example a counsellor in Doncaster contacted PCD advising patients could not get through to their GP practice to book an appointment. As a result, PCD found an additional location for the health bus within that area to offer additional capacity.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. GPs completed daily audits with suggestions on service improvement and there was a record of actions taken. PCD was very encouraging of staff to present ideas for improvement. GPs told us they felt listened to and areas for improvement were acted upon. For example, in relation to equipment requests, PCD now sent weekly emails to check staff had the equipment they needed.
- Staff told us they were empowered to lead and deliver change. For example, one staff member attended a patient participation group to engage with patients and establish areas for improvements from the group and additional locations were added.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. The health bus provided additional support to GP practices in Doncaster and reached vulnerable people in society who have difficulty accessing healthcare