

PPCA Ltd/ Cosham Park House Surgery

Inspection report

Cosham Park Avenue
Portsmouth
PO6 3BG
Tel: 02392383017

Date of inspection visit: 2 September 2021
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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. This service had not previously been 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 PPCA Ltd/Cosham Park House Surgery as part of our inspection programme. This service had not previously been inspected and this inspection covered all five key questions. We inspected the service on Thursday 2 September 2021.

PPCA Ltd/Cosham Park House provides an acute visiting service to adult patients registered with the 13 GP practices in the Portsmouth Clinical Commissioning Group.

The registered manager has been in post since the service was first registered in 2015, when the service was delivered from a different location. The service moved to Cosham Park House in May 2019. 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. The service has not been inspected since initial registration.

From this inspection we rated the service as Good for all five key questions, and Good overall. We found no breaches of regulations and we have advised of areas where the service should make improvements.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm. It did not seek assurance that locum drivers, who used their cars for business, had suitable insurance and vehicle safety checks.
- Patients received effective care and treatment that met their needs. Results of the audit programme were consistently high, which indicated scope for reviewing and refocusing the audit approach.
- People were treated with dignity, respect and compassion and staff involved them in decisions about their care
- The service was designed to meet patients’ specific needs for same-day home visits. Feedback and complaints were taken seriously, to support the complainant and for service improvement. The provider did not display its complaints process on their website.
- The service was led and managed to promote high-quality, person-centred care.

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

- Consider how it shares its complaints policy to ensure it is accessible to all patients.
- Review the audit programme to identify areas for developing the audit approach to promote further improvement.

Overall summary

- Gain assurance that staff who use their own vehicles for business have the necessary insurance and vehicle safety checks.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser who is a doctor with specialist skills in this type of service.

Background to PPCA Ltd/ Cosham Park House Surgery

The registered provider is located at:

Portsmouth Primary Care Alliance Ltd.

Station House,

North Street,

Havant

PO9 1QU

The service inspected is located at:

Cosham Park House Surgery

Cosham Park Avenue

Portsmouth

Hampshire

PO6 3BG

The provider, Portsmouth Primary Care Alliance Ltd (PPCA), is a company made up of nominated GP partners from all 13 GP member practices in the Portsmouth Clinical Commissioning Group (CCG) area. The five PPCA directors are from Portsmouth's five primary care networks (PCNs). PCNs are groups of practices working together to focus on local patient care. PPCA offers integrated primary care services to approximately 230,000 patients registered with Portsmouth CCG's practices. PPCA Ltd/Cosham Park House Surgery is registered to deliver the acute visiting service (AVS). The provider also offers extended access and overnight services and these are delivered under a different registered location.

PPCA/Cosham House Park Surgery provides the AVS to the all patients within the CCG aged over 18 years of age, apart from patients detained under the Mental Health Act. The AVS is registered with CQC to provide the following regulated activities: Treatment of disease, disorder or injury and Maternity and midwifery services.

The AVS provides home visits within core operating hours, between 9am and 6pm Monday to Friday excluding bank holidays. These visits are booked via the member GP practices.

PPCA/Cosham House Park Surgery is staffed by employees, who undertake administration and managerial roles, and locum clinical staff. Some of the locums are also employed directly by member practices within Portsmouth CCG.

How we inspected this service

We requested documents to review before and after the onsite visit, which we undertook on 2 September 2021. During the visit we spoke with staff and reviewed a range of care records. To limit the time spent on site, we spoke with other staff via video on different days after the 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?

We rated safe as Good because:

The service had systems to ensure staff followed policies and procedures to promote a safe service. These included procedures to safeguard vulnerable people, assess risks, maintain safe records and report and learn from incidents.

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 locum clinical staff. They outlined clearly who to go to for further guidance within the organisation 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 service's policies for safeguarding vulnerable adults and children from abuse were available for all staff, and included relevant guidance, contact details and names of service leads. The service had a shared records system with the member GP practices which meant staff had access to safeguarding special notes.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. They were required to complete safeguarding training depending on their roles, with clinical staff completing Level 3 safeguarding and non-clinical staff Level 2. All employed staff and locum GPs had completed their required safeguarding training.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. These included Disclosure and Barring Service (DBS) checks. These 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 recruitment and induction policy detailed the checks required for clinical and non-clinical staff. We saw that checklists were completed for new staff, to show that recruitment checks were carried out in full. New clinicians completed an induction, which included a self-assessment, shadowing session and observations, to provide assurance of their competence for the role.
- Staff knew how to identify and report concerns and incident reporting was encouraged. All staff received safety training and incident reporting had increased, with 15 recorded incidents for the AVS in the past year. Operational or clinical leads led on incident investigations and these were discussed as standing items at the monthly board meetings. Learning was shared across the PPCA services, and the member practices where relevant. The service maintained a log of incidents, which included the degree of severity, the action taken and any changes implemented as a result. For example, the AVS had been given the wrong address for a patient visit. This was raised with the referring practice and shared more widely amongst member practices.
- There was an effective system to manage infection prevention and control (IPC). The service did not treat patients at the location, and the IPC policy related to general precautions, disposal of clinical waste and cleaning. There was a system to clean the doctors' bags and equipment at the end of each session and restock them with new personal protective equipment (PPE) as required. There was additional guidance in response to the COVID-19 pandemic, which related to triage (to understand whether the patient had COVID-19 symptoms) and personal protective equipment (PPE). An IPC audit had been completed by an external advisor in April 2021. The audit resulted in some COVID-specific recommendations, for example in relation to the office layout, which had been completed.
- Employed staff were 100% compliant with infection prevention and control training, and GP locums were 89% compliant (equivalent to one GP locum). Reminders were issued to staff to complete their update training within four weeks of expiry or risk being removed from the rota.

Are services safe?

- The service's health and safety policy detailed employer and employee responsibilities in relation to the safety of people, the premises and the use of equipment. It also included guidance on when to notify CQC of serious incidents or notifiable events. This meant the provider had systems to promote learning from safety incidents, should they occur.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw that equipment was regularly tested, for example portable appliance testing, and calibrated. The service maintained records to show these equipment checks were completed. We saw that equipment was calibrated in October 2020 and portable appliance testing was completed in March 2021.
- Some maintenance tests were carried out by the premises landlord, including testing water for Legionella bacteria (a bacterium that can grow in building water systems if not properly maintained, managed and tested). The landlord also provided AVS with evidence of fire safety tests on extinguishers, emergency lighting and alarms. All office administration staff were trained fire safety marshals.
- The provider maintained a set of visit bags for clinicians to use. These were checked in and out each day and there was a system for checking the stock against a contents list.
- All visiting locums used their own vehicles. The service did not have a system of checking that locum staff had valid business insurance and MOT certificates and this was highlighted at the time of the inspection. This risk was mitigated by the fact that the locum staff were self-employed, not employees of the service, and were responsible for their own business vehicles. The provider changed their process in response to the inspection to ask for evidence of business insurance and vehicle MOT certificates.
- There was safety guidance in the employee handbook in relation to home visits. This included checks by administration staff for alerts on patients' records relating to violence or aggressive behaviour, and guidance on action to be taken. Administration staff monitored the movements of visiting clinicians, and their expected arrival and departure times, to support their safety.

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. The administration staff worked part-time and provided cover for each other. The rotas for locum staff who carried out the visits were planned to reflect the trends in demand on different times of the day and on different days of the week. For example, the number of locum shifts was highest in the mornings when demand for home visits was greatest.
- Staff understood what to do in an emergency and how to recognise those in need of urgent medical attention. As this was a home visiting service, the clinicians did not carry emergency medicines or equipment, and they called emergency services if required. This had been risk assessed based on the proximity of local emergency services and pharmacies, as well as the procedures followed by GPs making home visits from their own practices.
- We saw there were appropriate indemnity arrangements in place, with corporate indemnity cover for the non-clinical staff.

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 and clearly documented. The GP practices in Portsmouth CCG and the AVS all used the same electronic patient record system. The AVS had direct access to this system during the period of their visit and the entries made by the AVS clinicians were visible to the in-hours practice GP. This meant all patient information was available to relevant staff in an accessible way.

Are services safe?

- Clinicians made appropriate and timely entries into patient records in line with protocols and up to date evidence-based guidance. Individual practices made referrals into the AVS, which were checked and then accepted or rejected. A rejection might be due to a lack of capacity or information, if the request was received too late in the day or because the patient needs were not suitable for the service. If a visit was rejected this was immediately communicated to the referring practice. Referrals were received on the day only, and the AVS aimed to complete visits within two hours or prioritise based on need or geography.
- Records we viewed showed the clinicians recorded detailed accounts of the visits, findings and actions. If there was an action required for a patient's GP, then this would be flagged in the record, and any urgent actions were also communicated by a phone call to the practice. This process aligned with the system used by all the Portsmouth practices. There was a standing operating procedure for all GP practices to monitor and check a mailbox used by PPCA throughout the day. Once the AVS visit was completed, an electronic task message was sent to the practice to say they had closed their case.

Safe and appropriate use of medicines

The service did not carry medicines.

- As this was a visiting service, drugs were not carried by the clinicians. This was in line with procedures for GPs undertaking visits for their own patients. There was local access to emergency services.
- The visiting GPs issued electronic prescriptions if required. They had full access to the shared patient record via their laptops, and could allocate a prescription to a named pharmacy in consultation with the patient. All of the service's laptops were enabled to access this system remotely.
- Paper prescriptions were used only rarely, and there was a policy and procedure to control the ordering, distribution and disposal of prescription stationary, that locum staff were aware of.

Track record on safety and incidents

The service had good safety record.

- There were comprehensive risk assessments in relation to safety issues. Changes had been made to service delivery in response to incidents, both those that risked patient safety and those that impacted service delivery.
- 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 had been 15 recorded incidents for the AVS in the past year. Operational or clinical leads led on incident investigations and these were regularly reviewed and discussed to promote learning.

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.
- There were systems for reviewing and investigating when things went wrong. As the provider had not experienced a serious incident within the AVS, it chose to show us an investigation report relating to an incident that occurred in another of their services. This showed the provider undertook thorough investigations, involving external scrutiny where appropriate, and identified learning points. Recommended changes as a result of the investigation had been implemented and confirmed to the commissioners.
- The provider and staff were aware of 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.

Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a mechanism in place to ensure all members of the team were aware of relevant alerts.

Are services effective?

We rated effective as Good because:

People had good outcomes because they received effective care and treatment. Care was coordinated between healthcare professionals and there was regular audit of clinical practice. The service should review its audit process to promote continued improvement.

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)

- We reviewed records for five patients. They showed patients' immediate and ongoing needs were fully assessed and described in detail within the notes. We saw that patients were referred to other services when appropriate, for example to the medical assessment unit at the local NHS trust. Clinicians' notes were clear, included a review of each patient's medical history, a record of consultation and examination and reflected compliance with evidence-based guidance.
- There was evidence that information was shared effectively with the patients' own GPs, to support the patients' ongoing care and treatment.
- We saw records reflected the diversity of the population and there was no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service undertook records audits.

- The service undertook audits of clinicians' consultations, based a review of 1% of all visit notes. The audit approach ensured that all clinicians were audited each quarter, irrespective of the number of visits they had made. The audits were undertaken by a clinical lead, who reviewed the quality of the notes and the clinical decision making. This included whether the prescribing was appropriate, whether there was contact with the patient's own GP and the outcome of the visit. The audit process was based on a tool designed by the Royal College of General Practitioners. The results were consistently high (over 98% over the past 13 months).
- The results of the clinical audits were shared in the monthly contract reports and included in board meetings by exception.
- Clinicians were not routinely advised of the outcome of audits and only contacted if there were queries or issues to follow up on.
- Given the high level of compliance the provider had not reviewed the audit approach to identify further opportunities to improve the quality of care.

Effective staffing

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

- All staff were appropriately qualified. The provider checked that locum staff had the necessary qualifications and experience during the recruitment process and checked their references. Many of the locums were already known to the directors, having worked or continued to work locally, in one of the member practices.

Are services effective?

- The provider had an induction programme for all newly appointed staff, which was monitored to ensure new staff were assessed as competent.
- GP locums were registered with the General Medical Council (GMC) and were up to date with their registration and revalidation. This was checked and logged by the provider.
- The provider required locum staff to demonstrate compliance with required training. They used the same e-learning platform as the Portsmouth GP practices, and locums could share their training records with the service. The service maintained a log of training and required staff to be compliance with training within four weeks of its expiry date. It only permitted staff with up to date training to accept shifts.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. There was an electronic referral process into the AVS from the member practices and locum staff then planned the order of visits based on a balance of patient need and efficient geography. The service used a mobile app on mobile devices? to share non-patient identifiable information with the locum staff, to support visit planning.
- The shared electronic clinical record system promoted effective information sharing. AVS staff could allocate tasks to the referring practice or phone practices when an urgent action was required. If the action required was not urgent, this was flagged in the system as action required by the GP.
- Having a shared system also meant the clinical staff had access to each patient's medical history and any relevant test results.

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. Consent was documented when the referral was made by the member practice to the AVS. This included consent for the AVS to access the patient's records.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision, for example, if the patient required admission to hospital.

Are services caring?

We rated caring as Good because:

People were treated with dignity, respect and compassion and staff involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received, using an automated feedback tool and the Friends and Family Test (FFT) for the year April 2020 to November 2020. Results of the FFT showed 91% of patients rated the service as good or very good and 94% of working feedback responses were four-star or five-star ratings. When we asked, it was not clear if these results related to all provider services or the AVS.
- The service shared patient feedback comments. For AVS, feedback was consistently positive as patients welcomed the prompt, professional home visit service.
- 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.

- The service had access to a telephone interpreting service but we were told it was rarely needed. Any specific communication needs would be detailed on the referral form from the member practice or highlighted in the patient notes.
- The service did not allocate male staff to home visits where female patients required an intimate examination. This was made clear at referral and administration staff rejected a request for a visit that might indicate this was required and they did not have staff on duty of the same gender.
- The service did not visit those where it would not meet the social or caring needs of the patient. For example, those with a learning disability who needed continuity of care, or those nearing the end of their lives.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. We were told the visits tended to be longer than those offered by the referring practice and they had time to give reassurance and speak with relatives or carers about people's specific preferences.
- Locum GPs said they would ensure curtains or doors were closed and chaperones invited as appropriate.

Are services responsive to people's needs?

We rated responsive as Good because:

The service was designed to meet patients' specific needs for same-day home visits. Feedback and complaints were taken seriously, to support the complainant and for service improvement. The provider should consider how it publicises its complaints policy to ensure it is accessible to patients.

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, the staffing levels and rotas reflected the demands on the service and had been revised to meet the fluctuating demands during the pandemic.
- The service operated based on an agreed number of visits per GP session. During the height of the COVID-19 pandemic, the service found people had more complex needs and increased the time allocated to each visit.
- For scheduling, the city was divided into three areas, with one visiting GP per area for morning sessions. The pattern changed for afternoons and on Mondays and Fridays based on demand.
- The service had recently employed a paramedic to support the GP team and provide additional resilience with the changing needs of the patient population.
- The AVS service was commissioned to deliver the COVID@home service in response to the need to monitor a specific cohort of patients and improve their health outcomes.

Timely access to the service

The service offered care and treatment in a timely way, appropriate to patient's needs.

- Patients were offered same-day visits, unless the request for a home visit was received when the service's capacity had been met, or when it was too late in the day to complete the visit within the operating hours.
- The visit schedules were planned to reflect the trends in demand at different times of the day and on different days of the week. There was greater capacity the mornings, when the demand for home visits higher, than in the afternoons.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- This was not a service for urgent care and patient visits were planned based on a consideration of when the referred was received and efficient route-panning.
- The visiting clinicians made contemporaneous notes and assigned tasks to the patients' GP where necessary. If a task required immediate attention, the clinician phoned the practice with this information to ensure it was acted on quickly.

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.

- The provider had a complaints policy and took complaints seriously. There had been four complaints relating to the AVS in the past year.
- The clinical or operational leads aimed to speak to patients directly about their concerns or complaints, to better understand the issues and to provide a more personal service.

Are services responsive to people's needs?

- The provider's complaints policy had been reviewed and updated in February 2021. It stated that complaints would be acknowledged within three working days and the service aimed to respond within 30 working days. The AVS complaints log showed the dates each complaint had been received, acknowledged and responded to. It also summarised the nature of the complaint and the actions taken, to help monitor trends. There had been no trends in the complaints received.
- The service sent a text message to patients after each visit to explain the service and provide contact details, should they wish to make a comment, provide feedback or raise a concern.
- The complaints process was not evident on the provider's website. We were shown a leaflet relating to comments, concerns, compliments and complaints. These leaflets were held by visiting clinicians and could be given to patients if requested. In general, complaints about this service were received by the member practices first, and then shared with service.
- Complaints often related to care across a patient's health and care pathway, rather than care delivered solely by the AVS. In two of the four complaints, the issues had been complex, covering more than two service providers, and notes showed extensive investigation of the issues and updates to the complainant.
- We reviewed one of the more complex complaints. We found the service had responded in detail and with compassion. The complainant was given information on how to escalate their complaint to the Parliamentary Health Service Ombudsman, if they felt their concerns had not been addressed.
- There had been no specific trends or learning from the complaints received.

Are services well-led?

We rated well-led as Good because:

We found the provider had reviewed and developed its leadership structure and implemented governance arrangements to maintain and promote high-quality care. It sought feedback from stakeholders and had systems to learn and improve from incidents and complaints.

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 addressed them openly and constructively.
- In 2020, the provider had increased the number of directors and structured the organisation to have director representation from each of Portsmouth's five Primary Care Networks. The service also has an operations director and operations manager, supported by a finance and quality officer and a business information analyst. This had helped provide resilience and a platform for developing this integrated primary care service. With the five directors, there was increased leadership capacity and skills.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The service had a strategy, clear vision and values. These were established with Portsmouth CCG and member practices. All services were commissioned by Portsmouth CCG and the provider had involved member practices in developing any new initiatives.
- The service monitored progress against delivery of the strategy. There were monthly contract meetings with the commissioners and regular reviews with member practices.

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 and locum staff appreciated the flexibility of their roles. The service provided shifts with different start and finish times during the working day, which meant they appealed to clinical staff with other roles and responsibilities.
- The service focused on the needs of patients and celebrated the positive feedback received from patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider reported the incidents and complaints to commissioners in their monthly contract reports. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- A staff survey was undertaken between May 2021 and June 2021. The results showed that all those who responded from the AVS service (about five staff) were 'always enthusiastic about their job', felt 'respected and valued' and that 'there were enough staff and equipment for the job'. The lowest response related to involvement, such that only 20% of respondents felt they were involved in changes that affected their work. In response to this feedback the service had arranged for clinical leads to attend the peer review sessions.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All employed staff had received annual appraisals in the last year. The service received automated messages when clinical staff had completed their appraisals and revalidations within their member practices. The provider also contributed to their appraisal process.
- The provider supported the safety and well-being of all staff. This included ensuring they had enough information about each visit, and risks and guidance on where to park if this was necessary.
- The service actively promoted equality and diversity and all staff and locums had received equality and diversity training.
- There were positive relationships across all staff. We were told by staff there was a positive, cooperative culture and they enjoyed working for the service. They said the service gave good care and helped the city overall by taking the pressure off GP practices and the local hospital.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance structure had been reviewed in November 2020 and updated to reflect the needs of the organisation. This included increased focus on financial oversight.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There were six directors including the operations director and two clinical leads, one of whom was the registered manager. Each director had defined leadership roles, in areas such as safeguarding, clinical risk, medicines management, finance, workforce planning, infection prevention and control and corporate governance.
- The board met every two weeks and a nominated clinical director attended each meeting. There was an alternating focus on finance and risk/operations and set agenda. Minutes of meetings were shared with member practice managers.
- Staff were clear on their roles and accountabilities.
- The service informed external organisations of any concerns or notifiable incidents in a timely way.
- Policies and procedures were maintained on an electronic shared drive with clear version control.
- There were arrangements for holding data in line with data security standards. This included only having access to shared records to the time required to complete the and record the visit.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- The service maintained a risk register which was reviewed and updated each month. The current risks related to staffing and COVID-19. There was an audit trail to show how the risks were managed and mitigated.
- The provider had commissioned an external auditor and monthly audits against budget to ensure financial risks were managed safely.
- The service had processes to manage current and future performance. The service carried out monthly audits of clinical cases, reviewing 1% of records as a minimum and ensured the records of all clinicians were audited each quarter. These audits included a review of prescribing and clinical decision making. Monthly audit scores were between 98% and 99% between June 2020 and May 2021.
- Leaders had oversight of action taken in response to safety alerts, incidents and complaints.
- The provider had plans in place and had trained staff for major incidents.

Are services well-led?

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to monitor and improve performance. For this service, such information related to volume of visits, frequency of visits during the day, reasons for a referral and outcome trends. The service also reported on patient feedback, complaints, incidents and clinician audit results.
- Clinicians were advised of their audit results by exception; ie only if there were concerns that needed to be addressed.

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.

- Patient feedback on the AVS was positive. In April 2021, the response rate for this service was 8.2% and all responses rated the service 4-star or 5-star. The main themes from feedback comments and the Friends and Family Test related to 'excellent service and staff', 'quick and efficient response' and overall 'gratitude for the service'.
- CQC did not speak with any patients directly for this inspection.
- The provider worked with the commissioners during the COVID-19 pandemic and secured the contract to deliver the 'Covid@home service', for the remote monitoring of patients' oxygen saturation levels. This was set up with respiratory consultant support and provided a valuable service to support patients who were at risk of rapid deterioration in health.
- There had been informal peer support meetings and learning sessions for the GP locums prior to COVID-19, which had been valued. We were told this was due to be reintroduced.
- The service was transparent, collaborative and open with stakeholders about incidents and performance.

Continuous improvement and innovation

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

- The AVS service was set up as an innovative solution to support primary care in the locality. There was a focus on continuous learning and improvement. We were told of improved communication with member practices to ensure, for example, urgent prescriptions were processed on the same day as the visit was completed.
- The service made use of internal and external reviews of incidents and complaints. They shared learning with member practices and across the provider's different services. For example, in relation to governance of financial management.