

Healthy Balance Clinics Limited

Healthy Balance

Inspection report

51 High Street
Great Missenden
Buckinghamshire
HP16 0AL

Tel: 01494 867272

Website: www.healthy-balance.co.uk

Date of inspection visit: 20 May 2019

Date of publication: 31/05/2019

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 

Overall summary

This service is rated as Good overall.

The previous inspection was in February 2018.

The inspection report for the previous inspection can be found by selecting the 'all services' link for Healthy Balance on our website at www.cqc.org.uk.

Since the February 2018 inspection, our methodology has now changed and therefore this is a rated inspection and 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 Healthy Balance in Buckinghamshire on 20 May 2019. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Summary of findings

Healthy Balance is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some of the services available at Healthy Balance, for example chiropody, osteopathy and nutrition services, are exempt by law from CQC regulation. Therefore we were only able to inspect the GP service including the joint injection clinic as part of this inspection.

The Practice Manager 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 asked for CQC comment cards to be completed by patients prior to our inspection, we received 30 completed comment cards which were all positive about the standard of care they received. The service was described as first-rate and professional, whilst staff were described as attentive, helpful and caring. Many cards referred to the GP service, however there was no method to establish exactly how many of the 30 cards referred to the GP services provided.

Our key findings were:

- The GP service within Healthy Balance was providing safe, effective, caring, responsive and well led care in accordance with the relevant regulations.
- There were systems in place for the overall management of significant events and incidents. Risks to patients were assessed and managed.
- Staff treated patients with compassion, kindness, dignity and respect.

- There was a process to ensure that care and treatment delivered were in accordance with evidence-based guidelines.
- Staff demonstrated that they understood their responsibilities, and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Patient feedback highlighted that patients appreciated the care provided and described the service as first class, caring and patient focused.
- There were systems to support improvement and innovation work. For example, in partnership with Bucks County Council, the service was awarded a 'Safe Place' status. This scheme provides reassurance to vulnerable people, and to their families and carers, so that they have a means to alert someone of any potential risk or emergency if they are out alone.

We saw an area of **outstanding** practice:

- Given the low numbers of significant events, the service had contacted a local GP practice and the clinical commissioning group and requested three anonymised significant events. We saw the service used these external significant events as a learning opportunity and reviewed the incident alongside their own significant event processes and procedures to ensure they were effective.

Whilst we found no breaches of regulations, the provider **should:**

- Review and implement a programme with the view to increase the level of quality improvement; this may include further clinical audit activity.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Healthy Balance

Detailed findings

Background to this inspection

Healthy Balance provides private GP services including a joint injection clinic to adults and children. The registered provider is Healthy Balance Clinics Limited. Services are provided from:

- Healthy Balance, 51 High Street, Great Missenden, Buckinghamshire HP16 0AL

The service website is:

- www.healthy-balance.co.uk

Healthy Balance was founded in 2002 and is located in converted premises within Great Missenden in Buckinghamshire. All Healthy Balance services including GP services are provided from the same premises, which contain a minor operations suite, a talking therapy room and three treatment rooms. There is an open plan reception area and waiting area with a variety of seating. Some of the services available at Healthy Balance are exempt by law from Care Quality Commission (CQC) regulation. Therefore, we were only able to inspect the provision of GP services and joint injection clinic as part of this inspection.

The GP services team provided at Healthy Balance consist of one male GP (there were arrangements to access a female locum GP if required), a practice manager, reception manager and receptionist.

Healthy Balance also provide GP services to patients from foreign countries who require medical assistance whilst visiting the UK from abroad. These are mostly single consultations.

Healthy Balance has core opening hours of Monday to Friday from 9am to 5pm. In addition to the core hours, Healthy Balance is open until 8pm on Tuesday and

Wednesday evenings and between 9am and 12 noon each Saturday. This service is not required to offer an out of hours service. Patients who need medical assistance out of corporate operating hours are requested to seek assistance from alternative services. This is detailed in patient literature supplied by the service.

How we inspected this service

Our inspection was led by a Care Quality Commission (CQC) lead inspector, the team included a GP specialist adviser.

During our visit we:

- Spoke with a range of staff, including the GP who provided GP services and the practice manager who manages the full range of services including the GP services.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.
- Reviewed documents relating to the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We rated safe as Good because:

Safety systems and processes

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

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. 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 systems to safeguard children and vulnerable adults from abuse.
- The GP service saw children under the age of 18 and all staff were trained to an appropriate level for their role in both child (level 3) and adult safeguarding. There were 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 checks were carried out 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 a strict chaperone policy which was available on the website and visible in the service. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professionals during a medical examination or procedure). We saw practitioners do not treat children under the age of 18 without a parent or guardian present. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service maintained appropriate standards of cleanliness and hygiene. We saw there was an effective system to manage infection prevention and control. This included a yearly infection prevention control audit. We reviewed the most recent audit completed in October 2018 which highlighted no concerns. There was a variety of other risk assessments in place to monitor safety of

the premises such as a legionella risk assessment which was completed in April 2019. (Legionella is a term for a bacterium which can contaminate water systems in buildings).

- The facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had completed sepsis training and knew how to identify and manage patients with severe infections. Sepsis a potentially life-threatening condition caused by the body's response to an infection.
- When reporting on medical emergencies, the guidance for emergency equipment was in line with the Resuscitation Council UK guidelines and the guidance on emergency medicines in the British National Formulary (BNF).
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- When a patient arrived for their appointment, they were asked for their name, date of birth and identity checked to confirm these details correlated with the original contact information supplied.
- 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 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. The GP made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Are services safe?

- The service kept an electronic secure clinical record for each patient that attended a consultation. This was in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service used solely private outpatient prescriptions; we saw a system had been introduced since the February 2018 inspection which enabled the service to track and monitor the use of each prescription.
- The service had carried out a medicines and prescribing audit to ensure prescribing was in line with best practice guidelines for safe prescribing. Through our discussions there was evidence of actions taken to support good antimicrobial stewardship. However, antibiotic prescribing had not been formally reviewed due to the small size of the service and the low number of antibiotic medicines prescribed.
- The GP 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.

Track record on safety and incidents

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.

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. However, only one significant event had been identified by the GP service in the previous 12 months. We reviewed the significant event, supporting correspondence and through our discussions with the GP and practice manager suggested identification and management of the event was handled appropriately.
- On review of the event, the service identified an area of learning from this event which had been shared to improve the service.
- Given the low numbers of significant events, the service had contacted a local GP practice and the clinical commissioning group and requested three anonymised significant events. We saw the service used these external significant events as a learning opportunity and reviewed the incident alongside their own significant event processes and procedures to ensure they were effective.
- Staff were able to describe the rationale and process of duty of candour. The service encouraged a culture of openness and honesty. Through discussions with the GP and practice manager there was evidence of tools to give (where appropriate) people reasonable support, truthful information and a verbal and written apology.
- The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from patient and medicine safety alerts. Although the service was not subscribed directly to receive alerts, the GP received service specific alerts. These alerts were reviewed to see if they were applicable to the service. Since the February 2018 inspection, the service had agreed a memorandum of understanding with the local pharmacy to agree a common line of action for other medicine related enquiries and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Effective needs assessment, care and treatment

The service had systems to keep the GP up to date with current evidence-based practice. We saw evidence that the GP assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to the service).

- The service 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. The service monitored that these guidelines were followed through an up-to-date medical history, a clinical assessment and recording of consent to treatment.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical well-being.
- The GP 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. For example, we saw an audit which reviewed the patients who had accessed the service on different occasions.
- Staff assessed and managed patients' pain where appropriate.
- The GP used an online tool to support decision making in the management of medicines. For example, the GP accessed the Bucks Formulary, a website maintained by the formulary team of Buckinghamshire Healthcare NHS Trust in collaboration with NHS Buckinghamshire Medicines Management Team. This was used to access the Bucks Formulary linked to key local and national guidance and to the latest information on evidence-based medicine.

Monitoring care and treatment

The service was involved in quality improvement activity. However, we were provided data which indicated the

activity within the GP service including the joint injection clinic was small and had decreased from the previous years activity and there was insufficient data and outcomes to complete effective clinical audits at the time of inspection.

- Data provided by the service demonstrated since 2016, there had been six steroid joint injections, one in 2016, two in 2017 and three in 2018. Steroid joint injections are anti-inflammatory medicines used to treat a range of conditions such as joint pain and arthritis.
- Data provided by the service demonstrated since 2016, there had been five electrocardiograms (ECGs), two in 2017 and three in 2018. An ECG is a test that can be used to check the heart rhythm and electrical activity.
- Data provided by the service demonstrated in 2014/15, there had been 29 GP appointments, this increased to 63 in 2015/16, increased again to 82 in 2016/17, significantly increased to 159 in 2017/18 whilst in 2018/19 there had been a 36% reduction with 101 GP appointments. The service had reviewed this decrease and one of the factors believed to behind the reduction was a change in the local health economy.
- We saw the service had informally reviewed and audited the prescribing activity, which had highlighted low levels of antibiotic prescribing. This aligned to our discussions with the GP regarding an awareness to help prevent the development of current and future bacterial resistance. This included evidence of antibiotic prescribing in accordance to the principles of antimicrobial stewardship, such as prescribing antibiotics only when they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats).
- The practice manager also completed a variety of audits with a view to improve patient care and safety. These included audits of clinical and medicine records. The target for compliance was 100% and any results below this level had action plans written and a review planned. The most recent audit highlighted different acronyms and abbreviations were used within clinical notes. This led to the implementation of standardised text, acronyms and abbreviations used in all records.
- We also looked at the post treatment questionnaire completed by patients. We reviewed completed surveys for 2015 (32 responses), 2016 (19 responses), 2017 (21

Are services effective?

(for example, treatment is effective)

responses) and 2018 (22 responses). We saw the service had reviewed and analysed the results of the surveys, with previous years to ensure that their standards were high, and any trends or patterns could be identified.

Effective staffing

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

- All staff were appropriately qualified. There was an induction programme for newly appointed staff.
- The GP was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The service understood the learning needs of staff and provided protected time and training to meet them. The majority of training was scheduled to be completed on Thursday afternoons when the service closed at 2pm. This protected time allowed skills, qualifications and training to be maintained. Staff were encouraged and given opportunities to develop. Recent training included topics such as sepsis, anaphylaxis (a serious, life-threatening allergic reaction) and a community dementia workshop in the local village (Great Missenden) as the village aimed to become a dementia friendly village.
- The GP was up to date with their yearly continuing professional development requirements and we saw evidence to confirm the last appraisal was undertaken. We saw records which demonstrated that the GP attended various training updates; this was mainly recorded through their work at the local GP practice.

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. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, the GP 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 NHS GP on each occasion they used the service.
- The service 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.
- 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

The service was proud in how they proactively empowered patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, the GP promoted healthy living and gave advice opportunistically or when requested by a patient about how to live healthier lives. Through discussions with staff we saw the service encouraged and supported patients to become involved in monitoring and managing their health and discussed suggested care or treatment options with patients and their carers as necessary. Where appropriate this included sharing information about other services provided by Healthy Balance, NHS GPs and other services in the local area. For example, patients could (if appropriate) be referred to the Clinical Nutritionist for nutritional advice or a therapist for smoking cessation advice.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

Are services effective?

(for example, treatment is effective)

- Where patients needs could not be met by the service, staff signposted them to the appropriate service for their needs. Following an increased number of patients requesting advice on how to access different services (NHS and private services), the service implemented a patient advocate role in April 2019. This role was used to help patients communicate with their healthcare providers, so they get the information they need to make decisions about their health care. Although only recently implemented, the service advised several patients had already accessed this designated member of staff for support.
- The reception and waiting area within the service had a full range of leaflets providing information on various conditions, health promotion, support organisations and alternative care providers. Information leaflets were themed and aligned with national awareness programmes. During the May 2019 inspection, we saw patient information and reading materials which supported patients to live healthier lives with an emphasis on mental health and well-being.
- 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. When providing care and treatment for children and young people, the GP carried out assessments of capacity to consent in line with relevant guidance. For example, we saw consent policies and various procedures to ensure these were complied with. There were consent forms for different ages of children who may attend a consultation at the service. The under-14 consent policy was designed to be signed solely by the parent/guardian or other authorised adult. The 14-16 year old policy was designed differently, to incorporate how consent had been discussed with the teenager, although obtained and signed for by the responsible adult. This ensured that appropriate levels of consent were sought.
- The service displayed full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments. This was displayed on the website, in the reception area and was included in all patient literature information packs. This information clearly outlined what was and what wasn't included in the treatment costs. For example, a repeat prescription request without an appointment did not include the price of the prescribed medicine.

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.

Are services caring?

Our findings

We rated caring as Good because:

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.
- As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection, we received 30 completed comment cards which were all positive about the standard of care they received. The service was described as first-rate and professional, whilst staff were described as attentive, helpful and caring. Many cards referred to the GP service, however there was no method to establish exactly how many of the 30 cards referred to the GP services provided.
- Each year the service completed an in-house patient satisfaction survey. This survey included questions about the different stages of accessing services. We reviewed the patient satisfaction surveys and responses for 2018. All responses demonstrated high levels of satisfaction.
- Since the launch of Healthy Balance in 2012, the service had won consecutive 'what clinic' customer service awards which demonstrated excellent customer service including responding to patient enquiries.

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.
- Written patient feedback told us that they felt involved in decision making about the care and treatment they received. Further feedback commented that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff introduced themselves by name to the patient and relatives.
- There was patient information literature which contained information for patients and relatives including procedural information. This information was also available on the services website. Both paper literature and digital literature included relevant and up to date information including what can be treated and the different types of treatment available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect and the service complied with the revised Data Protection Act 2018 and General Data Protection Regulations.
- All confidential information was stored securely on computers.
- Appointments for all services provided by Healthy Balance were coordinated and scheduled to avoid a busy reception area and strengthen existing privacy and dignity arrangements.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

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.

- Healthy Balance understood the needs of its population and tailored services in response to those needs. For example, the service was open late on two evenings a week and also on Saturday mornings.
- The facilities and premises were appropriate for the services delivered and reasonable adjustments were made when patients found it hard to access services. For example, following patient feedback the service replaced the seats in the waiting area with a different type of seating. This was highlighted by patients accessing the service with musculoskeletal concerns.
- The service was situated on two stories in a converted building; there was a large designated car park, with disabled parking, ramp access, automatic doors and a hearing loop. Although there was no lift, arrangements could be made to consult in a ground floor room. There were accessible and baby change facilities available.
- Information was made available to patients in a variety of formats, including large print and through detailed leaflets available in the service and on the Healthy Balance website. Staff explained how they communicated with patients who had different communication needs such as those who spoke another language. For example, staff were able to access translation services if required. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. This aligned to one of Healthy Balances objectives, 'to respect every patient, regardless of age, race, culture or religion and instil the importance of treating every patient with respect and dignity'.

Timely access to the service

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

- GP services at Healthy Balance could be accessed in person by attending the service or through a telephone

enquiry. Other information and general enquires could be accessed through the website, www.healthy-balance.co.uk. There had been a review on the potential of online appointment booking; the decision had been made, to continue to include a personal element into the appointment booking process to ensure patients accessed the correct type of service.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Patients were able to access subscription-free fee-based care and treatment from the service within an acceptable timescale for their needs. Once an enquiry was made, the reception team electronically messaged the two GPs advising of the appointment request and patients preferred availability. An appointment was then made ensuring patients had timely access to initial assessment, diagnosis and treatment. Waiting times, delays and cancellations were therefore minimal and managed appropriately.
- The 2018 in-house patient survey highlighted 95% (21 out of 22 responses) of patients said appointments were readily available.
- Patients with the most urgent needs had their care and treatment prioritised.
- There was an efficient referral process and the service also had direct access to a list of specialist consultants for patient's referrals at the local private hospital.

Listening and learning from concerns and complaints

The service took feedback, complaints and concerns seriously and when necessary responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available within the service and on the website. This also included information on how to feedback compliments and make suggestions on the provision of services.
- The complaint policy and procedures were in line with recognised guidance. This included a designated responsible person who handled complaints in the service.
- All patient satisfaction was overwhelmingly positive. As a result, the number of complaints was low, for example in the last 12 months, there had been no written

Are services responsive to people's needs?

(for example, to feedback?)

complaints and no verbal complaints. Through our discussions with staff it was evident they took all feedback including complaints and concerns seriously and would respond to them immediately and make appropriate improvements as required. As so few complaints were received the practice manager

pro-actively looked for areas of concern in feedback received. The practice manager advised of a potential opportunity to complete an investigation of a complaint that an external stakeholder had received and finished investigating and escalate, as a 'virtual' complaint through Healthy Balance's complaint process.

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 well-led as Good because:

Leadership capacity and capability

- The Managing Director was also the founder of Healthy Balance and the practice manager was also the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) and had responsibility for the day to day running of the service.
- Through conversations, evidence collected during the inspection and a review of correspondence it was evident the practice manager had the capacity and skills to deliver high-quality, sustainable care.
- Healthy Balance provided a variety of services with a range of clinicians and expertise. Within the GP services element of Healthy Balance, we found a clear leadership and staffing structure and staff were aware of their roles and responsibilities and the limitations of these. Staff had been provided with training opportunities linked to their roles and responsibilities and professional development goals. We saw processes were in place to check on the suitability of and capability of staff in all roles.

Vision and strategy

- The service had a clear vision to become a community health hub; there was a credible strategy to deliver this vision alongside high-quality care, promotion of good outcomes for patients within a welcoming environment. Within the vision there were seven interlinked objectives. For example, there was a written objective to support and consider every patient's needs, paying attention to their physical and emotional well-being throughout the time at Healthy Balance. Staff was aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff were proud to work for the service. There were positive and longstanding relationships between all staff and teams that provided the variety of services at Healthy Balance.

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood, effective and the practice manager assured themselves that they were operating as intended. The governance arrangements of the service were evidence based and developed through a process of continual learning. 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. Management meetings were held each week and every three months all staff who provided GP services met to discuss any issues or concerns.
- The practice manager had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There was a whistleblowing policy in place and staff had been provided with training in whistleblowing. A whistle blower is someone who can raise concerns about the service or staff within the organisation.

Managing risks, issues and performance

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

Are services well-led?

Good 

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

- The service was aware of national and local challenges, including the changing demand on GP services and increased national activity in private GP services, there was a strategy to manage these challenges. The service also monitored and had a clear understanding of the potential changes within the local community, for example increased residential dwellings and the possibility of a high-speed railway located near the village.
- 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. There was an oversight of safety alerts, incidents, and complaints.
- The service was fully aware of the limited clinical audit activity. However, we were informed and saw evidence that they continuously reviewed their own clinical practice in line with new guidance and guidelines.
- The service had plans in place and had trained staff for major incidents. Following the February 2018 inspection, the service had formalised a specific written business continuity plan, there was a list of important phone numbers should there be a failure of infrastructure and management explained what they would do in various scenarios.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had enough 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 arrangements in line with data security standards for the availability, integrity and

confidentiality of patient identifiable data, records and data management systems. We saw policies had been updated to General Data Protection Regulations which included the appointment of a Data Protection Officer.

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.

- It had gathered feedback from patients through feedback and in-house patient surveys. We saw that all feedback and survey results were analysed and that actions were implemented as a result.
- The service had also gathered feedback from staff through meetings, discussions and twice-yearly social evenings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- There was a designated section on the services website for updates on the service to help keep patients informed.
- A professional network had been created with other providers within the local health economy, for example a three organisation network which included a local pharmacy, the local NHS GP practice and Healthy Balance.

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.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example, we saw the service used external significant events as a learning opportunity and reviewed the incident alongside their own significant event processes and procedures to ensure they were effective.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Are services well-led?

Good 

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

- There were systems to support improvement and innovation work. For example, in partnership with Bucks County Council, the service was awarded a 'Safe Place' status. This scheme provides reassurance to vulnerable people, and to their families and carers, so that they

have a means to alert someone of any potential risk or emergency if they are out alone. Having access to the service as a place for safety within the village helped vulnerable people lead independent lives and feel safe.