

# The Field House

## Inspection report

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

### Ratings

#### Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Overall summary

**This service is rated as Outstanding overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Outstanding

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at The Field House as part of our independent health inspection programme. This was the first Care Quality Commission (CQC) inspection of this location since its registration on 14 October 2020.

The Field House provides an independent GP consulting service for private patients covering Gloucestershire, Oxfordshire, Warwickshire, Worcestershire and Wiltshire. The service is registered with the CQC to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury; and maternity and midwifery services.

One of the Directors of the service 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.

We reviewed the online feedback the service had received from 11 patients. All feedback was very positive about the service with patients rating the service 5 out of 5 stars. We also reviewed data from the service's patient surveys. Patients expressed their satisfaction with the efficiency of the service and the quality of care they received from the doctors.

## **Our key findings were:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Effective policies and procedures were in place to keep patients and staff safe.
- There was an effective system for recording, acting and learning from significant events.
- Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- The service made improvements using clinical audits which positively impacted quality of care and outcomes for patients.
- Patients were respected and valued as individuals and were empowered as partners in their care, practically and emotionally.

# Overall summary

- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- Upon joining the service, patients were provided with an in-person GP visit either in their own home or another location if preferred.
- For patients receiving end of life care, GPs visited patients every day to provide them and their families with support.
- The service model enabled GPs to check in with their patients often, including regular review meetings to review the patient's general healthcare.
- The leadership, management and governance of the service assured the delivery of high-quality and person-centred care; supported learning and innovation; and promoted the development and wellbeing of all staff.
- Once a month the service held an away day for all staff where standing service agenda items were discussed and training sessions were delivered from specialist guest speakers including healthcare consultants.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

**Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services**

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP Specialist Adviser and a second CQC Inspector.

## Background to The Field House

The Field House is part of The Linbury Doctors Ltd and provides an independent GP consulting service for private patients covering Gloucestershire, Oxfordshire, Warwickshire, Worcestershire, the Cotswolds, Wiltshire and surrounding areas.

The service treats both adults and children. Face to face consultations can take place within the patients home or from two satellite clinics:

- Linbury Clinic – Gloucestershire

Tirlebrook Barn, Pamington, Tewksbury, Gloucestershire GL20 8LY

- Linbury Menopause Clinic

The Pain and Injury Clinic, Guild Hall, High Street, Henley in Arden B95 5AU

The Field House operates a home visiting service 7 days a week, 365 days a year, between the hours of 8am and 6pm. Outside of working hours, patients can call the service out of hours telephone line where they will be able to speak to the doctor on call.

The service is owned by two directors and the service employs seven salaried GPs and six administrative staff members.

### How we inspected this service

- Prior to the inspection information was requested from the service and reviewed by the inspection team.
- A site visit was carried out, where we spoke with the directors, a salaried GP, and six administrative staff; and reviewed patient consultation records and organisational documents including policies and procedures.
- Information was also submitted by the service following the inspection.

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 was providing safe care in accordance with the relevant regulations.
- Effective policies and procedures were in place to keep patients and staff safe.

## **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 appropriate safeguarding policies in place for both adults and children. All staff had received up-to-date safeguarding and safety training appropriate to their role and knew how to identify and report concerns. The registered manager was the nominated lead for safeguarding.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The service undertook annual portable appliance testing (PAT Testing) and all medical equipment was re-calibrated annually.
- The service had a variety of risk assessments in place to monitor safety such as fire, Control of Substances Hazardous to Health (COSHH) and Legionella (a term for a particular bacterium which can contaminate water systems in buildings).
- There was an effective system to manage infection prevention and control. One of the directors was the lead of infection control for the service. Staff had completed infection control training and there were appropriate systems for safely managing healthcare waste. Infection control audits were undertaken for each clinic booked for patients at the Tewkesbury and Henley in Arden clinic sites.
- There was a business continuity plan in place to deal with emergencies and major incidents.

## **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.

# Are services safe?

- There was an effective induction system for all staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise patients in need of urgent medical attention. Staff knew how to identify and manage patients with severe infections, for example sepsis. All clinicians were trained in basic life support, automated external defibrillator, and anaphylaxis.
- 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. All GPs were provided with a doctor's bag which included emergency drugs to enable them to assess and treat clinical emergencies and deteriorating patients whilst waiting for emergency services to arrive.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate medical indemnity arrangements in place.

## 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 reviewed showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Each GP was provided with a company phone and a laptop which could only be accessed using two-factor authorisation, was virus protected and monitored by the service's IT support company.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service used electronic prescribing for all prescriptions generated for patients.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The service had recently employed a Clinical Pharmacist who undertook medication reviews for patients and drug safety searches.

# Are services safe?

- 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). They did prescribe schedule 4 and 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. Staff explained there was no automatic repeat prescribing and patients were required to contact their GP to request a prescription at which point the GP consulted the patient's notes.
- The head office was based in office accommodation offering administrative and operational support to the business. The service were the sole occupants of the building, and the offices were secure and alarmed for the safe storage of medicines and confidential information.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues which were regularly carried out and discussed by the management team. For example, risk assessments carried out in the 12 months prior to the inspection included lone working practices, and the management of the GP's kit bag.
- 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 an effective system for recording, acting and learning from significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. In the previous 12 months the service had recorded 11 significant events.
- 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. For example, as a result of a significant event regarding vaccines, learning included ensuring all staff involved in vaccine transport are fully trained and are familiar with all equipment supplied; and staff undertook refresher cold chain training.
- Staff were aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty; and had systems in place for knowing about notifiable safety incidents.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology. The service kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

## We rated effective as Good because:

- GPs assessed patient needs and delivered care and treatment in line with current legislation, standards and guidance.

## Effective needs assessment, care and treatment

**The service 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.**

- 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.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service made improvements using clinical audits which had positive impact on quality of care and outcomes for patients. At the time of our inspection the service had undertaken 6 audits which included 3 prescribing audits. We reviewed 1 audit relating to the appropriate use of the antibiotic Co-amoxiclav. The purpose of this audit was to establish if Co-amoxiclav prescribing was appropriate with regards to the increase in antimicrobial resistance, and to ensure other options had been considered for the patients. This audit had been repeated by the service five times and the outcome found that despite the practice size increasing, COVID-19 implications and a streptococcal outbreak; prescribing by the GPs had remained appropriate in line with national guidance. The service had also decided to adopt this audit for ongoing analysis as a useful mechanism of review for newer GP members of staff prescribing.
- In addition, the service had received an inspection, audit and review by the United Kingdom Accreditation Service (UKAS) on 27 September 2022 and were successfully accredited.

## Effective staffing

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

- All staff were appropriately qualified. Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.



# Are services effective?

- The service had employed experienced GPs with a variety of special interests who supported each other in providing care for patients.
- The service had a tailored induction programme for all newly appointed staff.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Once a month the service held an away day for all staff where standing service agenda items were discussed including evidence-based clinical updates and training sessions were delivered from specialist guest speakers including healthcare consultants.
- The provider offered an in-house programme of continuous professional development (CPD) for the doctors which ranged from face-to-face basic life support training to presentations from consultants of different specialities and members of the wider multidisciplinary team.
- Staff were encouraged and given opportunities to develop. During our inspection we spoke with the business and practice manager whose role had developed from practice manager; and the office manager whose role had developed from an administrator.

## 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, such as specialist Consultants.
- 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. As part of the patient membership onboarding, the service requested a copy of the patient medical notes from their NHS GP or healthcare provider.
- All patients were required to consent to share details of their consultations and any medicines prescribed with their registered NHS GP as part of their membership conditions with the service.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services such as those requiring palliative care. Staff told us they engaged in extensive communication with NHS GPs, district nurses and other agencies involved in caring for palliative patients.
- 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.**

# Are services effective?

- Where appropriate, staff gave patients advice so they could self-care.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The directors encouraged staff to share their knowledge and skills with the local communities by offering free lectures to small groups and by supporting their charitable endeavours.
- The service provided patients with a regular members newsletter, and we were provided with evidence that patients were engaged with the service about the health topics it featured.
- The service also produced regular 'health blogs' which were available to the general public via the website where staff promoted wellness and self-care as well as offering advice on topical health issues.

## Consent to care and treatment

### **The service obtained consent to care and treatment in line with legislation and guidance.**

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

# Are services caring?

## **We rated caring as Outstanding because:**

People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service received feedback from patients which consistently reported all staff they engaged with were kind and compassionate. They described staff going the extra mile to ensure patients were cared for in a respectful way.
- The service gave patients timely support and information. For example, GPs undertook regular visits to patients with new diagnoses of cancer to provide support. For patients receiving end of life care, GPs visited patients every day to provide them and their families with support and we saw examples of this. Staff told us they worked to deliver Gold Standards Framework (GSF) care which is a nationally recognised practical and evidence-based end of life care improvement programme. Staff adopted principles covered in programmes such as The Daffodil Standards which is an evidence-based framework to help services self-assess to consistently offer the best end of life and bereavement care. Feedback from family members where the service worked with patients at the end of their life highlighted a person-centred approach where people were treated individually and emotionally supported.
- Staff explained the patient list numbers for GPs were kept small which enabled the GPs to really get to know their patients and their healthcare needs. Staff told us GPs were able to spend a considerable amount of time with patients which facilitated giving patients the respect and compassion they need. Staff gave examples of how they gave extra time to patients which allowed them to build meaningful relationships. Feedback from patients confirmed they felt respected and cared for by GPs.
- The service model enabled GPs to check in with their patients often, including regular review meetings to review the patient's general healthcare. Staff explained these reviews were proactively offered to patients at least once a year, particularly to patients who they may not have seen for a few months. This enabled GPs to offer a much more personalised approach especially in difficult times such as bereavement or loss. Patients' emotional and social needs were seen as being as important as their physical needs.
- The service sought feedback on the quality of clinical care patients received through patient surveys and encouraged patients to provide feedback every month as part of the monthly patient newsletter. Feedback from patients from a recent patient survey was overwhelmingly 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.

### **Involvement in decisions about care and treatment**

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

# Are services caring?

- Staff were fully committed to working in partnership with their patients and empowering them to be active partners in their care. Staff recognised that patients needed to have access to, and links with, their advocacy and support networks in the community. They had developed good links with other organisations and supported people to access these where appropriate.
- Each patient had unlimited appointments with their GP with no time limits which enabled GPs to provide patient-centred care and fully involve patients in decision making about their care.
- We saw evidence of a recent patient survey where 100% of patients surveyed responded that they felt their GP listened to their concerns and addressed their problem.

## Privacy and Dignity

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff told us being able to visit patients within their own homes facilitated patient privacy and dignity. Staff gave examples of how they ensured privacy and dignity was managed so that patients could speak freely without being overheard by other family members. This included altering times of appointments and offering appointments away from the family home if appropriate.
- We saw evidence of a recent patient survey where 100% of patients surveyed responded that their GP was empathic and treated them with compassion, kindness, dignity and respect.
- Staff we spoke with told us going the 'extra mile' to provide care and support for patients was the 'norm' for both clinical and non-clinical staff. For example, staff reported to us that as a result of postal strikes, administrative staff had taken urine sample test kits out to patients after work and in the evening, to ensure patients received their test kits and were able to send these off for testing. Staff found innovative ways to enable patients to manage their own health and care when appropriate. This supported patients to maintain their independence as much as possible. Staff demonstrated they understood the importance of this for the patients they cared for. Patients felt really cared for and that they mattered to the staff providing the service.

# Are services responsive to people's needs?

## **We rated responsive as Outstanding because:**

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.

## **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 service understood the needs of their patients and improved services in response to those needs. For example, each patient was assigned their own named dedicated GP who worked with them to proactively manage their healthcare and provide continuity of care. Patients were provided with the email and phone number of their named GP and the central practice line to facilitate direct access to their GP.
- Upon joining the service, patients were provided with an in-person GP visit either in their own home or another location if preferred. This allowed patients to be able to share information at a pace to suit them and in an environment of their choice. This visit was not time limited. Staff told us this meant patients were more relaxed and open with them. As part of this meeting, ongoing treatment and the appropriateness of any tests were discussed.
- Staff communicated with patients in a way that they could understand. For example, the service recorded on the clinical system if patients had specific requests in relation to their communication preferences; and interpreter services were available for patients who did not have English as a first language. All written information could be presented in Braille or other languages as requested. Staff worked within the principles of the Accessible Information Standard. This ensured patients had access to communication in a way that met their needs such as 'easy read' if required. Staff gave examples of patients who preferred to communicate by email as they couldn't hear well on the telephone and ensured this was facilitated for them.
- Direct patient care was delivered remotely and by home visits to the patient's home, or from the two satellite Linbury clinics based in Tewkesbury and Henley-in-Arden. The clinic facilities and premises were appropriate for the services delivered. The clinics were wheelchair accessible and hearing loops were available to assist patients with hearing impairments.
- Patients with any medical conditions that could affect accessibility or that needed to be identified as requiring higher levels of care had been 'tagged' on the patient records system. We saw evidence of the patient records system 'tags' which included dementia, carer, has a carer, veteran, learning disability, and autism spectrum disorder. Staff explained they regularly monitored patients assigned a tag. There were innovative approaches to providing integrated person-centred pathways of care. They involved other service providers such as district nurses and social workers particularly for people with multiple and complex needs.

## **Timely access to the service**

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

- New patients received a full screening process before becoming a member of the service to ensure the service was suitable for their needs.

# Are services responsive to people's needs?

- Patients had rapid access to initial assessment, test results, diagnosis and treatment. For example, the service provided patients with private prescriptions on the same day and offered patients 'next day' test results. Referrals and transfers to other services were undertaken in a timely way. For example, patients were provided with rapid access to specialist consultants across the UK as the service had access to a network of specialists who they talked to regularly. This meant patients were able to have quicker access to private care and treatment such as for a complex diagnosis or consultations for surgery. For patients who preferred to have additional treatment provided through the NHS this was facilitated by prompt emails and letters being sent to their NHS GP.
- Patients were able to make an appointment on the same day, at home or work, at a time that suited them. Patients were able to alter appointments if needed directly with their allocated GP. If someone did not attend an appointment this was followed up with a phone call from the service to ensure they were okay.
- Each GP was available by telephone during working hours and would respond to any missed patient telephone calls on the same day, usually within the hour. If the GP was unavailable to take the telephone call, patients were given the option to dial the central practice line and speak to an alternative GP. This GP would have access to the patient's records which enabled them to give any urgent advice. The patient's named GP would also contact them as soon as they became available.
- Patients with the most urgent needs had their care and treatment prioritised. Outside of working hours, patients were able to call the out of hours telephone line where they would be able to speak to the doctor on call. The doctor on call was one of the GP team working on a rota basis and had access to full patient notes. Where appropriate, the doctor on call would make home visits during the on-call hours. The patient's named GP would also follow up on any calls or home visits made by the on-call doctor.
- Staff told us during the COVID-19 pandemic, they offered same day urgent testing to the international students at a local boarding school which meant they were able to go home and see their families. This often involved arranging visits outside of normal staff working hours at short notice.
- We saw evidence of a recent patient survey where 85% of patient reported the appointment system was 'Very Easy' to use, and 15% of patients found it 'Easy' to use. This meant all patients were able to make appointments easily.
- Staff explained the patient list size for GPs were kept small to ensure the workload was manageable; the doctors were contactable; and patients experienced an efficient service even in busy times. The service did not keep a waiting list and reviewed each application as they came in to ensure they were suitable for the service.

## Listening and learning from concerns and complaints

### **The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available.
- The service had a complaints policy and procedure and these were available on the service website. The complaints policy informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

# Are services responsive to people's needs?

- There had been no complaints since the service opened. Although there had been no complaints, staff we spoke with knew how to manage complaints and concerns in line with the service policy. The service demonstrated where improvements have been made as a result of learning from reviews and patient feedback. Learning was shared with the whole team and other providers where appropriate.

# Are services well-led?

## **We rated well-led as Outstanding because:**

The leadership, management and governance of the service assured the delivery of high-quality and person-centred care; supported learning and innovation; and promoted the development and wellbeing of all staff.

There was strong collaboration and support across all staff teams and a common focus on improving the quality of care and patients' experiences.

## **Leadership capacity and capability**

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

- Leaders demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- Leaders were knowledgeable about issues, challenges and priorities that the service may face and had a shared focus to strive to deliver the highest quality person-centred care. For example, the leaders had a good understanding about risks and implemented actions to mitigate such risks, particularly that of the business growing too fast to be able to maintain the personalised care provided patients.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. There was a deeply embedded system of leadership development and succession planning, which aimed to ensure that the leadership represented the diversity of the workforce.

## **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 philosophy was that best patient outcomes were achieved by having access to a named GP who only managed a small list. They were able to devote the time needed to get to know their patients well and understand their medical issues. This helped people to proactively manage their health care by guiding them through a pathway to address immediate issues or taking steps to reduce risk factors for future illnesses. The service model for Linbury Doctors Ltd was to return to the traditional family village doctor.
- Staff were involved in and demonstrated the philosophy of the service. Patient's feedback showed they paid their memberships and joined this service because it was the type of GP service that reflected the own values and gave a personalised level of care.
- There was a clear set of values which had been developed for patients, the service and for the team. These included listening, communicating, and collaborating with patients effectively. The managers talked with patients regularly to better deliver proactive care and to work in collaboration with the NHS and other providers. This ensured the safest and most effective outcomes for people.



# Are services well-led?

- The visions and values empowered and enabled the doctors to deliver the best outcomes based on the latest developments and use of technology. This helped to maintain a supportive, fulfilling, and rewarding working environment for all. This brought back the family doctor feel amongst the team. Staff understood the vision, values and strategy and their role in achieving them.
- The service had a realistic strategy and supporting business plans to achieve priorities. The service strategy included steady regional growth of the home visiting model with overlapping areas, so GPs were able to provide cross-cover; continued recruitment of experienced GPs; and evaluation of the satellite clinic offering for patients. There was a systematic and integrated approach to monitoring and reviewing progress against the strategy and plans.

## Culture

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

- Staff spoke of good teamwork in a patient-centred environment. They were passionate about their work and the delivery of high-quality care for patients.
- Staff felt respected, supported and valued. They were proud to work for the service and spoke highly of the culture and the directors.
- Staff at all levels were actively encouraged to speak up and raise concerns. Directors spoke regularly with all members of staff on a formal and informal basis. Staff told us they had confidence any concerns raised would be addressed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The directors encouraged a no blame culture and staff confirmed they felt they could raise concerns without fear of blame. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was a strong emphasis on the safety and well-being of all staff. The service had employed a specialist HR company through which employees had access to welfare and counselling services.
- Staff told us they were supported to develop their skills and access development opportunities. They gave examples of how they were encouraged to develop, such as attending extra courses. There were processes in place for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals. Clinical staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional development and evaluation of their clinical work.
- The service actively promoted equality and diversity. They employed staff to reflect the diversity of the local community. Staff had received equality and diversity training. Staff felt they were treated equally and 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 proactively reviewed.

# Are services well-led?

- There were regular monthly governance and business meetings held with the directors and the business and practice manager. There were monthly whole practice meetings held off site for the day to ensure all staff were kept informed and up to date and weekly administration and office meetings. In addition, staff told us GPs regularly met with the directors in between monthly practice meetings for a social coffee and welfare catch up.
- The governance and management of joint working arrangements promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There was a range of service specific policies which were available to all staff. These were reviewed annually and updated when necessary.

## 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 and staff safety. Staff explained patient growth was recognised as a service risk and therefore the number of registered patients per employed GP was monitored; and conversely, the patient membership figures, and any cancellations, were monitored.
- 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.
- The service had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The service used performance information which was reported and monitored and management and staff were held to account. Problems were identified and addressed quickly and openly.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

# Are services well-led?

- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- There were consistently high levels of constructive engagement with staff and patients.
- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. For example, staff we spoke with told us they were regularly asked for their feedback from the Directors on how the service was run. One member of staff who had recently been employed had made a suggestion regarding a finance process, which had been implemented and improved the system. In addition, staff reported in response to patient feedback after a menopause newsblog, the following service newsletter featured men's health and testosterone deficiency.
- The service had not received any formal complaints. We reviewed the online feedback the service had received from 11 patients. All feedback was very positive about the service with patients rating the service 5 out of 5 stars. Managers contacted people so they could give feedback in an honest and open way. This enabled people to raise concerns if they needed to. We also reviewed data from the service's patient surveys. Patients expressed their satisfaction with the efficiency of the service and the quality of care they received from the doctors. In addition, GPs collated patient feedback individually throughout the year which was also utilised for their annual appraisal.
- The service was transparent and collaborative with stakeholders. GPs attended with social workers for joint patient visits when requested to be involved with the multi-disciplinary team and provide the best patient care. Staff explained how this joint working approach worked particularly well for patients requiring palliative care where the service had extensive communication with NHS GPs, District Nurses and other bodies involved in caring for the patient.
- The service had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation.
- The service participated in sponsoring a penguin for the 'Waddle of Worcester' local community event which raised funds for a local hospice.

## Continuous improvement and innovation

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

- The leadership drove continuous improvement and staff were accountable for delivering change.
- There was a strong focus on continuous learning and improvement and the service consistently sought ways to improve. All staff were involved in discussions about how to run and develop the service and were encouraged to identify opportunities to improve the service delivered.

# Are services well-led?

- Learning from incidents, near misses, and complaints was shared with all staff and used to make improvements.
- There were systems to support improvement and innovation work. For example, the service had recently recruited a clinical pharmacist to improve patient safety and outcomes for patients. Their role included undertaking structured medication reviews for patients to ensure all medication monitoring was up to date.