

Connect Healthcare Rotherham CIC

Inspection report

Valley Health Centre
Saville Street, Dalton
Rotherham
S65 3HD
Tel: 01709850427

Date of inspection visit: 17 March 2022
Date of publication: 08/04/2022

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?

Requires Improvement



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 key questions are rated as:

- Are services safe? – Requires Improvement
- Are services effective? – Good
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? – Good

We carried out an announced comprehensive at Connect Healthcare Rotherham CIC (Community Interest Company) on 17 March 2022 as part of our inspection programme. As part of this, we also conducted remote staff interviews on 10 March 2022.

Connect Healthcare Rotherham CIC is a federation of 29 GP practices based within Rotherham, South Yorkshire. The federation provides several services on behalf of its member practices, including GP extended access services, physiotherapy services, COVID-19 treatment services, as well as additional staffing resources and staff training services.

At the time of our inspection, the location did not have a registered manager in post. However, the service's medical director was in the process of registering to this role. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection, we spoke with and received feedback from nine members of staff and received 24 comments from people who use the service.

Our key findings were:

- Staff had the information needed to deliver safe care and treatment.
- Staff worked together and with other organisations to deliver effective care and treatment.
- Staff kept up-to-date with any changes to clinical practice, and the service was actively involved in quality improvement activity.
- Staff treated patients with kindness and compassion, and respected their privacy and dignity. Staff helped patients to be involved in decisions about their care and treatment.
- The service organised and delivered services to meet patients' needs. Patients were able to access care and treatment within appropriate timescales, and the service took complaints and concerns seriously.
- The service had a clear vision and strategy, which created a culture of high-quality sustainable care. There were clear responsibilities, roles and systems of accountability to support good governance, and leaders had the capacity and capability to deliver high quality, sustainable care.

We saw the following outstanding practice:

- The provider worked proactively and effectively with its staff, its member practices and other local stakeholders to identify and provide specialist services to improve the standard of care and treatment for their local community. Staff worked quickly to take on and implement new services when required, such as in operating a dedicated COVID-19 treatment site that patients from any member practice that were suspected of having contracted COVID-19 could receive urgent treatment at.

Overall summary

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.

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

- The provider should improve oversight of all electronic tasks and referral requests to ensure these are acted upon in a timely manner.
- The provider should implement a system to ensure complaints and significant events from jointly delivered services (e.g. physiotherapy services) are reviewed and shared with all teams.

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.

Background to Connect Healthcare Rotherham CIC

Connect Healthcare Rotherham CIC is located in Rotherham at:

- Valley Health Centre, Saville Street, Dalton, Rotherham, South Yorkshire, S65 3HD.

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

The provider is a federation of 29 GP practices located across Rotherham and provides several NHS services to the local population on behalf of its member practices. The main service offered is a GP extended access service, which the provider operates through an alternative provider medical services (AMPS) contract. Alongside this, the provider operates other smaller NHS contracts, including the provision of physiotherapy services and COVID-19 treatment services. They also provide support services to its member practices, such as providing additional staff resources and managing staff training.

The provider is situated within the NHS Rotherham Clinical Commissioning Group (CCG) and provides services to a population of over 260,000. The provider offers services from several locations throughout Rotherham, including:

- Broom Lane Medical Centre, Broom Lane, Rotherham S60 3EW
- Dinnington Group Practice, New Street, Dinnington, Sheffield, S25 2EZ
- Valley Health Centre, Saville Street, Rotherham, S65 3HD
- Kilnhurst Medical Centre, Highthorn Road, Kilnhurst, Mexborough, S64 5UP
- Ridgeway Medical Centre, 14 Ridgeway, Rotherham, S65 3PG

How we inspected this service

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

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

This included:

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

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

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

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

Are services safe?

We rated safe as Requires improvement because:

Systems to assess, monitor and manage risks to patient safety and to keep people safeguarded from abuse were not always effective. The service did not always learn and make improvements when things went wrong. Systems to assess, monitor and manage risks to patient safety, for example emergency medicines were not always effective. However, staff had the information needed to deliver safe care and treatment, and there were reliable systems in place for the safe handling of medicines.

Safety systems and processes

The service did not always have 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 bank 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. For example, the service conducted regular risk assessments that covered fire safety, remote working, lone working and display screen equipment usage.
- Staff could access policies and procedures through an online portal, which all staff had access to.
- The service had systems to safeguard children and vulnerable adults from abuse. The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for their role.
- The provider carried out staff checks at the time of recruitment, which included a review of any professional registrations and competencies. Disclosure and Barring Service (DBS) checks were undertaken for all new staff (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). However, there was not a process or risk assessment in place to assess when any repeat checks were required.
- Training records did not provide a clear and effective oversight of all statutory and mandatory training completed by each staff member. Records did not show that all staff had received adult and child safeguarding training to appropriate levels for their role.
- There was an effective system to manage infection prevention and control. Staff conducted separate infection control audits at each location, which included environmental and hand hygiene audits. At the provider's COVID-19 treatment site, staff took several steps to minimise any potential spread of infection. Staff had implemented a one way system through the building and staggered patient appointments so only one patient would arrive at any one time. Staff wore enhanced personal protective equipment (PPE), which they donned and doffed in dedicated areas. Staff asked all patients to wear a face mask on arrival and sanitise their hands with alcohol gel. All consultations were held in dedicated treatment rooms, in which all unnecessary equipment had been removed.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. All equipment checked during inspection was seen to be in good condition and in date, and there were effective systems in place for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. For example, the provider undertook regular fire risk assessments that included a review to ensure all persons can evacuate quickly and without assistance.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not always effective.

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. Staff described there being consistent high levels of staffing across the service. Managers explained staff provided their availability a month in advance, and shifts would be assigned accordingly. In the event of unexpected absence or sickness, managers could contact all available staff through a secure staff messaging group to find appropriate cover. Staff rotas seen during the inspection showed there to be minimal vacancies and appropriate mix of staff roles for each shift.
- There was an effective induction system for bank and agency staff, which was tailored to their role. This included an induction at each location the provider operated from, which was followed by an accompanied shift with another member of staff of an equal role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, such as sepsis. However, training records did not evidence that all staff had received regular resuscitation training to appropriate levels for their role. For example, not all reception staff had undertaken a minimum of annual basic life support training, as recommended by the Resuscitation Council UK.
- Although there were suitable medicines and equipment to deal with medical emergencies, which were stored appropriately, there was not an effective process to check the condition and quantity of these. Nursing staff completed weekly checks at each location, and signed a checklist to evidence this. However, the provider had not undertaken a risk assessment to determine the quantity and range of medicines and equipment that should be stocked and relied on the host practice's assessment. Although these checklists were returned and reviewed, there was not an effective process to ensure these were completed regularly and that any issues or shortfalls were escalated.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. Staff working for the service were covered by NHS Clinical Negligence Scheme for General Practice (CNSGP).

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 provider primarily utilised the respective member practice's record keeping system to store and manage patient information. Care records showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- However, the provider did not always cancel the access to their clinical records system to staff members who had left or no longer worked for the provider. For example, we identified staff members who still had access to their system who had not logged on since 2019. The provider advised this was a risk they had already identified, and were in the process of undertaking work to address this.
- The provider undertook audits to assess the quality of clinical records. One audit reviewed 50 random records created by advanced nurse practitioners (ANPs). The results of this audit showed there were 'no unsafe consultations recorded', with 'excellent records from all 13 staff' observed and that all records assessed were 'consistently of a very high standard'.
- The service had systems for sharing information with staff and other agencies, including through their patient record system, to enable them to deliver safe care and treatment. Managers explained that, although their member practices used two different clinical records systems, all staff were trained in using both systems to ensure key information could be accessed and shared.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance. However, there was not an effective process in place for ensuring all electronic tasks and requests were acted on in a timely manner. For example, during our inspection we identified several tasks that showed as outstanding, including one from 2019, and it was not clear which tasks had been completed and which remained outstanding. Although on closer inspection, these referrals appear to have been completed at the time, the provider explained they would review these as a matter of urgency and would implement a process to ensure all open tasks were reviewed regularly.

Are services safe?

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines. However, systems for checking emergency medicines required review.

- The systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment, minimised risks. The service kept prescription stationery securely and monitored its use. Although staff completed checklists to confirm the availability and condition of emergency medicines, there was no risk assessment in place to determine the quantity and range of medicines that should be stocked, and there was not an effective process in place to ensure completed checklists were reviewed and actioned.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the provider had recently conducted an antibiotic prescribing audit at their COVID-19 treatment site, and an opioid prescribing audit within their extended access service.
- The service prescribed controlled drugs, mainly through its extended access service; however, did not stock or administer any controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance, there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- 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.
- In the 12 months prior to our inspection, the service had reported six incidents. This included a missed home visit appointment, delayed referral and aggression shown by patient to home visit team.

Lessons learned and improvements made

The service did not always learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events, which included a significant events policy and incident reporting process. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong within the provider's extended access service. The service learned and shared lessons identified themes and took action to improve safety in the service. Examples of learnings identified included additional training for staff, changes to existing processes, and reminders sent to clinicians.
- However, significant incidents and complaints originating from the provider's jointly delivered services, such as their physiotherapy service, were not effectively discussed or reviewed by the provider.
- The provider had a policy in place to ensure staff were aware and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents, the service gave affected people reasonable support, truthful information and a verbal and written apology.

Are services safe?

- 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, including bank and agency staff. Staff explained this largely comprised of key alerts being distributed to all relevant staff and member practices through email.

Are services effective?

We rated effective as Good because:

Staff worked together and with other organisations to deliver effective care and treatment. Staff kept up-to-date with any changes to clinical practice, and the service was actively involved in quality improvement activity. However, training records did not always evidence that staff had the skills, knowledge and experience to carry out their roles. The provider did not undertake any check of a GP's professional registration, which could include any potential restrictions on their practice, for any GPs who were employed locally.

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.

- 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, and were supported in achieving this by the provider's development nursing team. For example, the provider recently undertook an audit to assess the appropriateness of antibiotic prescribing at their COVID-19 treatment site. In the results of this audit, we noted how one patient had been prescribed an alternative antibiotic for their symptoms in line with NICE guidance.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs, their mental and physical wellbeing, and the management of any pain.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, staff explained how they would work with the patient's usual GP practice if they felt any inappropriate appointments were booked.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements using audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the provider had recently conducted an audit to review and assess an increasing trend in the prescription of opioids through their extended access service. The outcome of this audit showed that all patients prescribed opioids through the extended access service were appropriate.
- The provider had implemented an annual audit plan, which outlined which audits staff would be required to complete in each quarter. This included monthly cytology audits, as well as regular audits on infection control, records, prescribing and wound care.

Effective staffing

Training records did not always evidence that staff had the skills, knowledge and experience to carry out their roles.

- The provider had an induction programme for all newly appointed staff, which included visiting all locations the provider operated from before starting their first shift.

Are services effective?

- Relevant professionals employed directly by the provider were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation. For example, we saw evidence that all GP and registered nursing staff directly employed by the provider had met their respective revalidation requirements and were registered with the appropriate regulatory body. However, the provider did not undertake any check of a GP's professional registration, which could include any potential restrictions on their practice, for any GPs who were employed locally.
- The provider worked with its member practices to obtain and offer additional training for staff. This included securing additional training for wound care, electrocardiograms (ECGs) and venepuncture.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop. Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up-to-date. Managers explained all staff, including bank and agency staff, were required to regularly present proof of all statutory and mandatory training to continue working for the service. This included evidence of how they had maintained any competencies, such as cytology and ear syringing.
- However, up to date records of skills, qualifications and training were not always maintained. For example, training records did not evidence that all staff had completed all statutory and mandatory training. This included key training areas, such as safeguarding and life support. Managers explained staff received monthly email reminders when their training had elapsed. However, as several staff were overdue on some training modules by several years, we were concerned this process was not effective and did not allow managers to maintain effective oversight of staff training compliance.
- Although locum GPs were required to provide proof of their training status, GPs that were employed by one of the provider's member practices were not required to provide this. Managers explained this remained the responsibility of the member practice and was covered in their service level agreement with each member practice. However, we were not assured this agreement provided sufficient detail and oversight as to the standard and range of training required.

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 the federation's member practices, local acute hospitals and other providers of health and social care. For example, the outcome of a recent patient feedback survey conducted by the provider regarding its extended access service showed that '93% of patients surveyed stated communication between the service and GP practices was excellent/good, with an additional 7% stating it was satisfactory'.
- 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. This was largely obtained through each practice's patient record system. Patients were signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, staff who treated patients through the provider's extended access service liaised and worked with the patient's GP where necessary.
- Patient information was shared appropriately, including when patients moved to other professional services. 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.
- The service monitored the process for seeking consent appropriately. For example, the provider completed regular audits regarding the quality of clinical records created by both nursing and GP staff.

Are services effective?

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate, highlighted to their normal care provider for additional support. Staff explained how the service worked with its member practices to provide health promotion services, including smoking cessation and weight management advice.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

Are services caring?

We rated caring as Good because:

Staff treated patients with kindness and compassion, and respected their privacy and dignity. Staff helped patients to be involved in decisions about their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. For example, one patient who provided feedback described staff as "friendly, welcoming and attentive", with another patient explained how staff were "delightful and very professional".
- The service sought feedback on the quality of clinical care patients received through patient surveys distributed following each consultation. The outcome of these surveys was collated and analysed to draw key themes and trends on patients' experience of the service. The results of surveys returned during March 2022 regarding the extended access service showed that 100% of respondents were 'satisfied with their treatment at the clinic'.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. This was largely provided through a telephone interpretation and translation service, which all staff could access.
- Patients told us 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.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand. The provider had developed and implemented an accessible information standard policy, which outlined how the service would ensure 'all patients were communicated with in a format that is relevant to their needs'. We noted this included the use of hearing loops, easy read materials, audio materials and large print literature.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew 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?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs. Patients were able to access care and treatment within appropriate timescales, and the service took complaints and concerns seriously.

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, during the COVID-19 pandemic, the provider had worked to quickly offer centralised services for the benefit of both its member practices and their patients. This included the introduction of a COVID-19 treatment site for the care and treatment of patients suspected of having contracted COVID-19, a vaccination call centre, home visiting service, and a temporary wound care service.
- The facilities and premises were appropriate for the services delivered. Although the provider's registered location was their main office, the provider delivered the majority of its services through nominated member practices or within the local community. For example, the provider operated the GP extended access programme for the local area, and delivered this through nominated practices located across Rotherham.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the results of a recent patient feedback survey completed in March 2022 regarding their extended access service showed 100% of respondents reported the location of the clinic was easily accessible.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. For example, one patient who provided feedback described how they had received an appointment "within 90 minutes" of their phone call.
- Patients with the most urgent needs had their care and treatment prioritised.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use. For example, during a recent patient feedback survey completed in March 2022 regarding their extended access service, 96% of respondents reported 'no problems booking an appointment with this service'. The 4% of respondents who did report problems advised this was due to not being able to book appointments online. The provider advised this was available as an option, and they had planned to issue further communications to promote this service.
- Referrals and transfers to other services were mostly undertaken in a timely way. For example, staff who treated patients through the provider's extended access service could request a referral to another service by creating a referral request and assigning this to the patient's GP practice for actioning. However, there was not an effective process in place to ensure oversight of the completion of all outstanding tasks. For example, during our inspection we identified several tasks that showed as outstanding, including one from 2019. Although on closer inspection, all referrals appear to have completed at the time, the provider explained they would review this process as a matter of urgency and would implement a process to ensure all tasks marked as open would be reviewed regularly.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care. However, complaints from jointly delivered services were not always effectively reviewed or shared by the provider.

- Information about how to make a complaint or raise concerns was available. For example, the provider's complaints policy was easily available on their website, which included information on how patients could raise a complaint by telephone, post or email. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. This included contact information for their local patient advice and liaison service (PALS), independent advocacy services, citizens advice and ombudsman services.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. In the 12 months prior to our inspection, the service had received two complaints. Both complaints were investigated and resolved in a timely manner, with any identified learnings recorded and shared with staff. For example, with one complaint we noted the staff involved undertook learning by reflection.
- However, complaints that related to services that the provider delivered in partnership with other organisations were not always reviewed and shared by the provider, and were not always counted in the provider's record of complaints. For example, the provider delivered a physiotherapy service in partnership with a local acute hospital. There was not a formalised process in place to outline how complaints should be investigated, and how any learnings would be shared with all providers and staff involved in this service.

Are services well-led?

We rated well-led as Good because:

The service had a clear vision and strategy, which created a culture of high-quality sustainable care. There were clear responsibilities, roles and systems of accountability to support good governance, and leaders had the capacity and capability to deliver high quality, sustainable care.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them, such as the potential impact on the service as a result of the upcoming introduction and expansion of integrated care systems.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff reported how they felt supported by leaders at all levels, and how they were involved in the future planning and direction of the organisation.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, managers explained how they were currently establishing a new leadership structure for the organisation that would enable them to operate and govern more effectively following the upcoming introduction of integrated care systems. This also included succession planning into key leadership roles, including roles that were due to become vacant following the planned departure of existing staff.

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 clear mission statement, which was centred around its aim for 'a connected healthcare vision for Rotherham' through 'greater efficiency within general practice', 'excellent and equitable primary care services' and in 'providing the link between stakeholders for seamless services for patients'.
- This was supported by the service's clear set of values, which were 'to be', 'to embrace', 'to promote' and 'to have'.
- The service developed its vision, values and strategy jointly with staff and external partners. This included working with all of their member practices and other local stakeholders and organisations.
- Staff were aware of and 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.

Culture

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

- Staff felt respected, supported and valued. Staff we spoke with reported a positive culture and working environment and were proud to work for the service. They explained how they continually worked well together as a team to deliver services for their patients, and were proud of what the organisation had achieved since its creation.
- The service focused on the needs of patients, and had tailored its services to meet their needs.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, we saw in the provider's complaints policy they clearly outlined how patients could raise a complaint, how their complaints process functioned, and provided contact information for several other organisations should the patient not feel comfortable or be able to raise a complaint directly with the provider. The provider was aware of, and had systems to, ensure compliance with the requirements of the Duty of Candour.
- There were positive relationships between staff and teams. Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.

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. For example, the provider had established individual contracts with all of their member practices, which were reviewed and renewed regularly, that outlined the services the provider would deliver and how these would be delivered.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Although at the time of our inspection, the provider did not have a CQC registered manager in post following the departure of their previous registered manager, the service's medical director was in the process of registering to this role. They explained this would be on a temporary basis, as it was planned that following the introduction of their new organisational structure that their new chief executive officer would take on this role in the long term.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies we reviewed as part of our inspection were comprehensive, of high quality, and reviewed regularly.
- 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.
- 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. For example, all patient information was stored on secure third party clinical records system. For the provider's extended access service, each member practice could book appointments directly into one of the provider's hub, but could only view patient information for patients registered at their own practice.

Managing risks, issues and performance

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

Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Managers operated a risk register that outlined all risks currently affecting the service. This included details of the level of each risk, all people responsible for mitigating this risk, and an overview of all planned and completed mitigating actions. For example, we saw current risks included the vacancy of a CQC registered manager, management and oversight of staff training information, and the increase in staff workloads.
- 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.

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. For example, the provider undertook regular patient feedback and satisfaction surveys to understand the views of patients and used this to make improvements to their service.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, the provider worked closely with its member practices and other local healthcare providers to develop and deliver services for the benefit of the local community. This included the implementation of a dedicated COVID-19 treatment site for the assessment of patients with symptoms or a diagnosis of COVID-19. Managers explained how they were working with their member practices to deliver future services, such as their planned implementation of the NHS health check programme, centralised spirometry service and same day urgent appointments.
- There were systems to support improvement and innovation work. For example, part of the provider's vision was focused on 'championing new models of care and new clinical roles'. Recent programmes included managing a nurse preceptorship course that trained and supported newly qualified nurses, as well as implementing additional roles, such as 'admiral nurses' which specialised in the care of people living with dementia.
- Staff could describe to us the systems in place to give feedback. This included patient satisfaction surveys, such as a recent survey on their extended access service. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, the provider had processes in place for locally sharing learning from complaints and significant events. However, there was not an effective process in place to ensure complaints and significant events from jointly delivered services were reviewed and shared with all teams.

Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• There was not an effective process in place regarding the checking, oversight and management of emergency medicines.• Risk assessments were not completed to determine when repeat Disclosure and Barring Service (DBS) checks were required.• System access for staff who no longer worked for the provider was not always cancelled in a timely manner. <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none">• Training records did not evidence that all staff had completed all required and recommended training as relevant for their role, and had recapped this training at recommended intervals. This included key training in safeguarding and resuscitation.• Key information and qualifications for GP staff working for the provider were not always reviewed or recorded. This included professional registration status, qualifications, mandatory training and competencies. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>