# Doctor Now Limited T/A (trading as) Doctor Now and The Beaconsfield Clinic

**Inspection report**

Little Hall Barn
Windsor End
Beaconsfield
HP9 2JW
Tel: 01494706888
www.doctornow.org

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

## Ratings

| | |
|---|---|
| Overall rating for this location | Good |
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Good |

# Overall summary

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

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Doctor Now Limited T/A (trading as) Doctor Now and The Beaconsfield Clinic as part of our inspection programme.

Doctor Now Limited T/A (trading as) Doctor Now and The Beaconsfield Clinic registered with CQC on 27 April 2020 under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service, and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some services at Doctor Now Limited T/A (trading as) Doctor Now and The Beaconsfield Clinic are provided to patients under agreements with their employer or an insurance provider with whom the patient holds an insurance policy (other than a standard health insurance policy. These types of arrangements are exempt by law from CQC regulation and therefore, we were only able to inspect the services that fall within our scope. The majority of the services provided by Doctor Now Limited T/A (trading as) Doctor Now and The Beaconsfield Clinic are regulated by CQC.

Doctor Now Limited T/A (trading as) Doctor Now and The Beaconsfield Clinic provides independent, non-NHS GP services to fee-paying patients at their clinic or at the patient's home. Appointments are also offered via video consultations.

The registered manager for the service is Dr Brian McGirr who is 1 of the service's medical directors. 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.

**Our key findings were:**

- Care and treatment was provided in a safe way.
- The service reviewed the effectiveness and appropriateness of the care provided and there was evidence of quality improvement activity.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients were able to access care and treatment within an appropriate timescale for their needs.
- The service had systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service had systems in place to collect, analyse and action feedback from patients and staff.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.

# Overall summary

- There was a clear leadership structure to support good governance and management.
- Staff were proud to work for the service.

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

- Continue to update and maintain staff records to evidence staff immunisations in line with national guidance.
- Embed the process to ensure cleaning schedules are checked.
- Risk assess and check patients receiving Kenalog to see if the requirements for a steroid card have been met.

**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 and a GP specialist adviser.

## Background to Doctor Now Limited T/A (trading as) Doctor Now and The Beaconsfield Clinic

Doctor Now Limited T/A (trading as) Doctor Now and The Beaconsfield Clinic provides regulated activities from the following location:

- Little Hall Barn, Windsor End, Beaconsfield HP9 2JW

Details of the service can be found on their website – https://doctornow.org/

The service is open with appointments available:

- Monday to Friday 8:30am to 8pm and Saturdays 9:00am to 4pm.

The service was registered with CQC in March 2020 to provide the following regulated activities;

- Surgical procedures;
- Diagnostic and screening procedures;
- Treatment of disease, disorder and injury;
- Transport services, triage and medical advice provided remotely;
- Family planning.

The service operates from a purposefully converted period property.

The service offers a membership scheme or a pay-as-you-go option. The membership is limited to 2,600 patients and there are different membership types which determine the services a member can access. One-off consultations can be accessed on a pay-as-you-go basis.

The service provides blood tests and pathology, ear syringing and microsuction, paediatrics, care of long term conditions and monitoring of chronic disease, musculo-skeletal medicine, gynaecological services, obstetrics, travel health and vaccinations, referrals to specialist services, medicals and screenings, family planning and minor surgery.

The independent GP service is provided by 8 GPs, 2 practice nurses and 2 healthcare assistants. The service is supported by subcontracted GPs and consultants, a leadership team, senior management team and an administrative support team including medical secretaries, quality assurance and patient services.

**How we inspected this service**

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 service and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the service in advance.
- Conducting staff interviews with a variety of clinical and non-clinical staff both virtually before the site and in person during the site visit.
- A site visit to review a sample of patient records and consultations and an interview with the clinical lead.
- A review documentation related to the management of the service.
- We reviewed patient feedback provided to the service by patients.
- We reviewed staff feedback provided directly to CQC.

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.

Good

# Are services safe?

**We rated safe as Good because:**

**Safety systems and processes**

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

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff and those that worked at the service but were not directly employed. The risk assessments outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service had a system in place to verify an adult accompanying a child had parental responsibility.
- 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.
- 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 for all staff in line with their recruitment policy. (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). We reviewed 5 staff files, and all had a record of a DBS check being carried out.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- All staff received up-to-date safeguarding and safety training and knew how to identify and report concerns. During the inspection, we were provided with evidence showing staff had not always completed training to the appropriate level for their role in line with the Safeguarding Children and Child Protection policy. The policy states clinical staff are to complete safeguarding training to level 3 however, 5 clinical staff had not completed training to this level. Following the inspection, the provider investigated their training platform and identified a system error which was displaying incorrect information. The provider sent us evidence to show all clinical staff had completed safeguarding training to the appropriate level.
- Safeguarding was a standing agenda item in regular clinical meetings.
- There was an effective system to manage infection prevention and control (IPC). The last IPC audit was completed in March 2022 and did not identify any areas of concerns.
- A legionella risk assessment (a report by a competent person giving details as to how to reduce the risk of legionella bacterium spreading through water and other systems in the workplace) was carried out in March 2023 and routine legionella testing in January 2023.
- The premises was observed to be clean during the inspection. The service had recently identified the cleaning company they have contracted had not completed a cleaning schedule since June 2021. The service is currently investigating this and considering using a different cleaning company. However, staff told us they see the cleaners arrive at the end of the day and confirmed they were attending the premises. The provider had not identified any safety concerns as a result of the cleaning schedule not being completed and has implemented systems for ongoing monitoring and compliance.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. However, during the inspection, we viewed 2 clinical waste bins stored externally at the rear of the premises and 1 of the bins was not locked. Following the inspection, the service told us they had investigated this event and deemed it an isolated occurrence and patient safety was not compromised. A third-party cleaning company was responsible for ensuring the clinical waste bins were secure but upon review, the service will now check the clinical waste bins during their own opening and closing the practice procedures.

Good

# Are services safe?

- The service carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

**Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example all staff had completed training in sepsis awareness.
- The service had asked staff to confirm they had received appropriate immunisations during the recruitment process but this did not cover all immunisations listed in the Green Book (national guidance and information for the immunisation of healthcare professionals). The service did not routinely ask staff to provide proof of immunisation for tetanus, polio or diphtheria. Following the inspection, the service told us they had reviewed their preventable diseases and staff immunisations risk assessment, would obtain evidence of these immunisations to ensure they comply with national guidance and carry out an annual audit to ensure compliance.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked weekly by the healthcare assistant.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- We found there were appropriate 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. Our GP specialist advisor reviewed 11 care records which all showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. If information needed to be shared with the patient's registered NHS GP, the patient was asked to consent.
- 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.
- There was an effective system to manage prescriptions issued by the service.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing including an audit reviewing the prescribing of anti-microbials and a medication review audit. The audit of anti-microbial prescribing found no immediate changes needed to be made although prescribers needed to be aware of the prescribing and he use of lower risk medicines where appropriate and the coding of patients on the electronic

records system was to be discussed in a clinical team meeting. The medication review audit identified a number of improvements including the number of patients have a documented blood pressure on their record increased from 64% during the last audit to 89% in this audit. Further improvements were identified such as an annual 20-minute appointment dedicated to a medicine review for each patient.

- 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.
- The service prescribes the unlicensed medicine Kenalog for the treatment of hayfever. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional. The service had guidance for clinicians to follow when prescribing this medicine. During the inspection, we found that the service had not considered issuing emergency steroid cards to these patients. The service told us they considered this stand-alone low dose of this steroid was low risk however, following the inspection, the service told us they will review their processes consider issuing these cards to ensure patient safety.
- The service did not currently have a process in place for verifying the identity of patients but told us this is something they are aware of and currently reviewing.

**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. For example, we saw records of the fridge that stored medicines had been switched off. This was investigated, the cause was identified and the steps were taken to ensure it did not happen again.

**Lessons learned and improvements made.**

**The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. We reviewed a sample of incidents and saw the service learned, shared lessons and took action to improve safety in the service. For example, a patient had been prescribed a medicine they were allergic to due to the allergy being recorded on their record as the brand name rather than the actual medicine. The incident was investigated, and clinicians were reminded to record allergies as the medicine not the brand name. The patient was contacted and offered an apology and was asked to consent for the service to contact their registered NHS GP.
- The service was aware of and complied with the requirements of the Duty of Candour. Staff told us there was a culture of openness and honesty.
- The service had systems in place for knowing about notifiable safety incidents.

Good

# Are services effective?

**We rated effective as Good because:**

**Effective needs assessment, care and treatment**

**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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Our GP specialist advisor reviewed 11 patient records which included some patients with long term conditions and found they received appropriate monitoring of their condition.
- Staff assessed and managed patients' pain where appropriate.
- Care and treatment provided to the 11 patients records we reviewed was in line with current guidance.

**Monitoring care and treatment**

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

- The service used information about care and treatment to make improvements. For example, a clinical audit of cervical screening recalls had been completed. The audit reviewed the process for recalling patients for routine screening and identified 78 out of 228 patients who were eligible for cervical screening over the last 5 years were not on the recall list. These patients were immediately added to the services' recall list and any that were overdue cervical screening were contacted to establish whether they had received screening through the National Health Service (NHS) or if they would like an appointment with the service. A change was also made to letters the service sends out to now include a statement informing patients this service is independent so patients would not be included in the NHS recall system unless they were also registered separately with the NHS. Patients would either need to remain on the NHS recall list and continue to have routine screening and follow ups with an NHS provider or with this service. This would ensure that patients would continue to be invited to participate in the national cervical screening programme.
- The service made improvements through the use of completed 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 service carried out an audit to review the prescribing of Zolpidem and Zopiclone (medicines to treat sleeping problems) from February 2021 to February 2022. The audit reviewed patients who had a one-off prescription and those that received a regular prescription. Records were reviewed to see if prescribing was in line with national guidance for example, if repeat prescription patients were being reviewed each time their prescription was issued. The audit identified there was no record of lifestyle advice on the patient records audited so it was unclear if this advice was discussed or not. The audit suggested GPs consider how a patient can change their lifestyle before prescribing medicine for example, the importance of informing patients of good sleep hygiene and avoiding caffeine and alcohol before bedtime. The audit also identified as an independent GP service; they did not always know if patients were being prescribed medication by their registered NHS GP. The audit stated the service is aware that this is a concern and is reviewing their processes regarding contacting a patient's registered GP if they are prescribing certain medication.

**Effective staffing**

Good

# Are services effective?

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

- We reviewed a sample of 5 staff recruitment files and found all staff were appropriately qualified. The provider had an induction programme for all newly appointed staff specific to their role. We saw there was an induction template, and we were told this was used during the induction and a date when the induction had been completed was added to the staff log.
- Relevant professionals (medical and nursing) were registered with the General Medical Council/Nursing and Midwifery Council and were up-to-date with revalidation.
- The provider 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. 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. For example, the service offered a travel vaccine service and staff had attended specific training in immunisations, travel health for older travellers and yellow fever.

**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. The service told us they would request a patient's consent to contact their registered NHS GP when they feel it is appropriate.
- Where deemed necessary, patients were asked for consent to share details of their consultation and any medicines prescribed with their registered NHS GP.
- The service had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, letters were sent to their registered GP in line with GMC guidance.
- 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. We reviewed the safeguarding log which recorded safeguarding concerns and saw the steps the service had taken in response to concerns.
- 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 arrangements for following up on the outcomes of referrals when patients were referred to other services.
- The service monitored the process for seeking consent appropriately.
- All staff had up-to-date training in the Mental Capacity Act.

**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.

Good

# Are services effective?

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care service for additional support such as their registered NHS GP.
- The service was clear about the conditions it did and did not treat and where a patient's needs could not be met by the service, they were redirected to an 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.

Good

# Are services caring?

**We rated caring as Good because:**

**Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received. The service had carried out a survey in March 2022 where 316 patients responded of which 99% found the doctors and nurses helpful and 98% said they felt very confident or fairly confident about the doctors and nurses' ability to care for their needs.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

**Involvement in decisions about care and treatment**

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

- Staff communicated with people in a way that they could understand. Staff told us if patients required additional support, they could attend their appointment with a family member or friend to support them.
- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff at the service who might be able to support them. The service did not have a hearing loop in place to support patients with hearing impairments, but they had completed a risk assessment on this issue.

**Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Good

# Are services responsive to people's needs?

**We rated responsive as Good because:**

**Responding to and meeting people's needs**

**The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The service understood the needs of their patients and improved services in response to those needs. For example, the service had partnered with another organisation that referred patients with attention deficit hyperactivity disorder (ADHD) to this service. All staff had completed training in ADHD to support these patients.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the premises had wheelchair access and a lift to the first floor to support accessibility.

**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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients with the highest level of membership are provided with a 24-hour GP service.
- Patients reported that the appointment system was easy to use.
- In a patient survey carried out by the service in March 2022, 95% of patients reported it was very easy or fairly easy to get through to someone at the service on the phone.
- Referrals and transfers to other services were undertaken in a timely way if the service was unable to treat the needs of patient.

**Listening and learning from concerns and complaints**

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. For example, we saw evidence in the complaints procedure about escalating a complaint to The Independent Sector Complaints Adjudication Service (ISCAS) if the patient was unhappy with the outcome.
- 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. For example, a patient had made a complaint as they had been seen by a GP at the service for a concern with their ear, but their condition worsened a few days later and they needed to attend the local hospital. We saw that the service's complaints procedure was followed to manage this complaint. The service had reflected on the situation, discussed it at a clinical meeting and moving forward, had agreed to lower the threshold for concerns of this nature. The patient was written to, and they were offered an upgraded membership.

Good

# Are services well-led?

**We rated well-led as Good because:**

**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.
- 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 told us leaders and management were approachable and they felt they could raise any concerns if they needed to.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Staff told us they felt well supported and that there was good communication from leaders about the running of the service.

**Vision and strategy**

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with the staff team. During the inspection we found the service had recently developed their vision and values through a staff survey and workshop facilitated by an external agency and were about to rebrand the service. These new vision and values would be included when this launched.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

**Culture**

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

- Staff felt respected, supported, and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers told us they would act on behaviour and performance inconsistent with the vision and values. The service told us they would only recruit new staff that understood and demonstrated the vision and values of the service.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so and had confidence that these would be addressed.
- There was a whistleblowing policy for staff to refer to and the registered manager was named as the Freedom to Speak up Guardian (FTSUG) (someone who supports staff to speak up when they feel that they are unable to do so without retribution). Staff told us they didn't know who the FTSUG was, but they were able to tell us who they would contact externally from the practice if they had any concerns.

Good

# Are services well-led?

- There were processes for providing all staff with development opportunities which were identified through 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.
- Staff 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 had received equality and diversity training and we heard from staff we spoke with that they felt they were treated equally.
- 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 and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service monitored performance information, which was reported, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and used to improve the service. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external statutory 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.

**Managing risks, issues and performance**

**There were processes for managing risks, issues and performance in identifying risks to the safeguarding of patients.**

- Systems to support the safeguarding of patients were effective.
- All staff had completed safeguarding training to the appropriate level.
- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- 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 actions to change services to improve quality.
- The service had plans in place and had trained staff for major incidents.

Good

# Are services well-led?

**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.
- 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, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the patients and staff and acted on them to shape services and culture. For example, initial consultations for new patients used to be 20-minutes long however, staff raised this was not long enough to speak to new patients, so the service reviewed their processes and now allocated a 30-minute appointment for a new patient's first consultation.
- Staff could describe to us the systems in place to give feedback about the service. Staff told us they could submit questions anonymously to be addressed at the monthly team meetings. 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. One member of staff told us when they started, they had provided informal feedback on the induction process, and it was immediately adjusted to accommodate their suggestions to improve it for future new starters.
- The service was transparent, collaborative, and open with stakeholders about performance.

**Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes, and performance.
- There were systems to support improvement and innovation work. The service told us about an external telephony system they had started using to ensure patients are not left on hold for too long. When calls were not answered within a set time, they were diverted to the external telephony service. We saw a complaint from a patient who had spoken to the external telephony service and felt that this had caused a delay in speaking to a GP. The service reviewed the working arrangements with the external telephony service and have implemented a new way of working to ensure they notify the service they have taken a phone call as soon as possible so patients are not left waiting for an extended period.