

Stort Valley Healthcare Limited

Inspection report

Cavell Drive
Bishop's Stortford
CM23 5JH
Tel:

Date of inspection visit: 10 December 2021
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Overall summary

This service is rated as Good overall.

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 inspection at Stort Valley Healthcare Limited on 10 December 2021 as part of our inspection programme.

How we carried out the inspection

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 data protection and information governance requirements.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

At this inspection we found:

- The service had clear systems to keep people safe and safeguarded from abuse. Staff had received appropriate pre-employment checks and relevant training.
- The service had good 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.
- There were systems to assess, monitor and manage risks to patient safety these included an overview of risk assessments of the GP practices used by the service.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to current evidence-based guidelines.
- Staff helped patients be involved in decisions about their care and provided health information when needed.
- Patients were able to access care and treatment from the service in the evenings and weekends by booking appointments via their usual GP practice.

Overall summary

- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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 GP specialist adviser.

Background to Stort Valley Healthcare Limited

Stort Valley Healthcare Limited is a GP Federation set up by five GP practices. They are commissioned to deliver an Extended Access Service for the locality of Stort Valley and the surrounding villages. The service is commissioned by the East and North Hertfordshire Clinical Commissioning Group (CCG) under an Alternative Provider Medical Services (APMS) contract.

The address of the service is,

Hertfordshire & Essex Community Hospital

Cavell Drive

Bishop's Stortford

CM23 5JH

The website is www.stortvalleyhealthcare.com

The service operates from,

- 6.30pm to 8pm on Mondays, Tuesdays, Thursdays and Fridays
- 6.30pm to 9pm on Wednesdays
- 8am to 11am on Saturdays
- 9am to 1pm on Sundays.

Appointments are available with a GP, practice nurse or physiotherapist and are offered at one of the sites used as follows,

- South Street Surgery, 83 South Street, Bishop's Stortford, Herts, CM23 3AP
- Parsonage Surgery, Herts and Essex Hospital, Haymeads Lane, Bishop's Stortford, Herts, CM23 5JH
- Haymeads Health Centre (branch surgery of Church Street Partnership), Herts and Essex Hospital, Haymeads Lane, Bishop's Stortford, Herts, CM23 5JH
- Central Surgery, Bell Street, Sawbridgeworth, Herts CM21 9AQ

They are all NHS GP practices separately registered with the CQC.

The provider is registered with CQC to deliver the Regulated Activity treatment of disease, disorder or injury.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider had a service level agreement in place with the individual GP practices that made up the federation, to ensure safety risk assessments were completed at the sites used. They had an overview of the risk assessments completed and carried out their own audits of the sites.
- There were safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and could access policies and procedures on the service computer system.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. There was a lead member of staff for safeguarding processes and procedures and local authority contact details were available in the consulting and treatment rooms used. All staff had received safeguarding training appropriate to their role.
- The service worked with other agencies to support patients and protect them from neglect and abuse. For example, information regarding any safeguarding concerns was accessible in the patient computer record system. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider 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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The provider carried out IPC audits in conjunction with the individual GP practices used. All staff completed IPC training. Additional IPC measures were in place due to the COVID-19 pandemic that included the use of personal protective equipment (PPE) and allocated time between patients for clinicians to clean their individual workspace.
- The provider had a memorandum of understanding with the individual GP practices that ensured facilities and equipment were safe and equipment was maintained according to the manufacturers' instructions.
- There was a protocol in place that outlined the systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The service reviewed the availability of appointments each month to ensure they met their contractual requirements.
- There was an effective system in place for dealing with surges in demand. For example, the service provided additional appointments to give support to a local GP practice that was affected by staff absence during the COVID-19 pandemic.
- There was an effective induction system for staff tailored to their role. Staff were not given access to book shifts with the service until they had completed their induction and mandatory training.
- 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, sepsis.
- The service used the emergency medicines and equipment which were held by the GP practices. The provider had an overview of all the emergency medicines including expiry dates held at all of the sites.
- There were appropriate indemnity arrangements in place. Locum GPs were asked to provide evidence of their own insurance.

Are services safe?

Information to deliver safe care and treatment

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

- Information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The service had access to patients' clinical records through the clinical computing system used by the individual GP practices.
- Treatment templates were used to ensure current guidance was used when treating patients. The clinical staff could either electronically send or download and print information leaflets for patients regarding their conditions.
- There were clinical quality audits to ensure individual care records were written and managed in a way that kept patients safe.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The patients' GP practice was informed of any referrals made and an understanding was in place that any subsequent communications and follow up were made with the patients' usual GP.

Appropriate and safe use of medicines

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

- The service did not hold any of its own prescription stationery, emergency medicines or equipment and had completed an associated risk assessment for using the prescription stationery emergency medicines and equipment at the GP practices.
- The clinical pharmacist carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not supply medicines to patients. They held information of local pharmacy opening hours that dispensed prescriptions for patients.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

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.
- There was a system for receiving and acting on safety alerts. The clinical pharmacist was responsible for ensuring appropriate actions had been completed in response to safety alerts.

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 and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

Are services safe?

- There were adequate 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, incidents were logged when staff members were unable to fulfil shifts at short notice. The service put a system in place that sent an alert to all staff members requesting replacement cover for shifts to avoid cancelling any appointments. The system was reviewed and found that a good response was received from staff with offers to cover shifts.
- Lessons learnt from significant events and incidents were shared with the individual GP practices.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and locum staff.
- The provider was aware of 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 was unexpected or unintended safety incidents, the service gave affected people reasonable support, truthful information and a verbal and written apology.

Are services effective?

We rated the service as good for providing effective services.

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 supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. There were systems in place to inform the patients usual GP of any risk factors.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. There was an annual programme of clinical audits in place that covered for example, the effectiveness of consultations, referrals to other services and prescribing following current guidelines.

The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example,

- An audit was completed to ensure patients prescribed non-steroidal anti-inflammatory drugs (NSAIDs), a medicine that used to relieve pain and reduce inflammation, were also prescribed a medicine to protect them from gastro-intestinal side-effects. The second-cycle audit demonstrated that the practice was prescribing appropriate medicines for these patients.
- An audit was carried out of the physiotherapy appointments offered by the service. Identified actions were put in place following the audit that included more face-to-face appointments offered and providing patients with an hour time slot to expect a telephone consultation.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered mandatory training and orientation to the individual sites. Staff were not given access to the shift booking website until they had completed their induction.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. In response to feedback from staff there was always more than one clinician scheduled to work alongside the nursing team.
- The provider understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Are services effective?

- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. There was a dedicated inbox at the patients' usual GP practice for communications and referrals made by the service.
- Staff also referred patients back to their usual GP to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping 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.

- The service identified patients who may be in need of extra support. The service had access to social prescribers for both adults and children to provide support and signposting to other services.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this. Health information leaflets were printed for patients as required.
- Risk factors, where identified, were highlighted to patients and their usual GP, so additional support could be given.
- 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.

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

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service used the NHS Friends and Family Test to gather feedback from patients. Data supplied by the practice showed that 80% of respondents found the service either good or very good.
- The service gave patients timely support and information to cope emotionally with their care, treatment or condition.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved. However, due to the nature of the service patients with learning disabilities were rarely seen as their needs were met by their usual GP.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- 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 responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. They provided both evening and weekend appointments for patients in the Stort Valley and surrounding villages area.
- The provider engaged with commissioners to secure improvements to services where these were identified. For example, the provider introduced appointments with a physiotherapist. This was useful for patients of working age to access outside of normal working hours.
- The provider improved services where possible in response to unmet needs. For example, during the COVID-19 pandemic telephone consultations were available and when safe to do so, the service returned to more face to face appointments.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Clinicians had access to patients' computerised medical records that contained alerts that highlighted patients' needs.
- The facilities and premises were appropriate for the services delivered. All of the sites used were GP practices that were registered with CQC. Any issues with the facilities and premises were escalated to the individual practices.
- The service made reasonable adjustments when people found it hard to access the service. For example, consultation rooms were available on the ground floor.

Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The service operated from,
 - 6.30pm to 8pm on Mondays, Tuesdays, Thursdays and Fridays
 - 6.30pm to 9pm on Wednesdays
 - 8am to 11am on Saturdays
 - 9am to 1pm on Sundays.
- Patients made appointments for the service via their registered GP practices.
- The provider worked with the local clinical commissioning group (CCG) to ensure the right amount of appointments were available to meet the needs of the area. This supported the reduction on demand for appointments at the in hours GP services.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Referrals and transfers to other services were undertaken in a timely way. Clinicians were responsible for referrals and communications with the patients' usual GP practice for follow up.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- Complaints were received either directly to the service or via the patients' usual GP practice. The provider worked with the individual GP practices to provide responses to complaints received from them.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.

Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed these complaints and found that they were satisfactorily handled in a timely way.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint regarding a patient in a care home the service put in place a directive for clinicians to be accompanied by a member of the care home staff when administering treatment.

Learning from complaints was shared with the usual GP practices.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They 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.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote 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 patients, staff and external partners. Feedback from patients, staff and GP practices was used to develop the extended access service offered.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population. Additional support was put in place during the COVID-19 pandemic. The service offered an increase in extended access appointments to support the GP practices.
- The provider 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 and to provide access to routine GP appointments in the evenings and weekends.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. A review of the incident log demonstrated staff from different staff groups had raised concerns about the service.
- The practice had access to a Freedom to Speak Up Guardian.
- 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. When staff worked for both the extended access service and the individual GP practices a joint appraisal was carried out with both services.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. Staff were not left to work alone, and a GP worked alongside nursing staff for clinical support.

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- 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 including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. The service had an oversight of risk assessments carried out by the individual GP practices.

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 safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints; these were discussed at federation meetings. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- 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.
- The providers had plans in place and had trained staff for major incidents. Business continuity plans were held off site for access when needed.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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.
- 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 used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.

Are services well-led?

- 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. All staff had completed information governance training.

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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The NHS Friends and Family Test was used to gather feedback from patients. There was the facility for patients to provide feedback via the service website.
- A staff survey was completed in September 2021 where staff were given the opportunity to identify the best and the most challenging aspects of working for the service.
- There was a complaints process in place and staff we spoke with were aware of how to direct patients who wished to complain.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. For example, significant events and complaints were used to identify areas for improvement and these were shared with the GP practices that were represented by the federation.
- The service was an accredited training practice and provided opportunities for GP registrars to gain experience outside of normal GP working hours. GP registrars are qualified doctors training to become GPs.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There was a strong culture of innovation. The service adapted to meet the needs of the locality. For example, during the COVID-19 pandemic the service started a hot clinic that assessed patients symptoms at one of the sites that was just used for patients with COVID. If patients required additional monitoring they were admitted to a virtual ward where they were supplied with equipment to record observations such as temperature and oxygen levels at home. These patients were contacted each day by a GP to see if they needed further support for their symptoms.