

# Ilkley Moor Medical Practice

## Inspection report

Springs Lane  
Ilkley  
LS29 8TH  
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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 well-led?

Good 

# Overall summary

We carried out an announced focused inspection on 18 and 24 August 2021. This service is rated as good overall.

We reviewed and rated the following key questions as below:

Are services safe? – good

Are services effective? – good

Are services well-led? – good

Following our previous inspection on 29 November 2019, the provider was rated as requires improvement overall and requires improvement for providing safe and well led services. We issued a Requirement Notice for a breach of Regulation 17 – Good governance. The full report for the previous inspection on 29 November 2019 can be found by selecting the ‘all reports’ link for Ilkley Moor Medical Practice: WACA Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Why we carried out this inspection

This focused inspection was carried out to check that improvements had been made in respect of concerns and issues identified at our previous inspection. We inspected the key questions of safe, effective and well-led. The ratings in relation to caring and responsive are carried forward from the inspection undertaken in 2019 and remain good.

## How we carried out the inspection

Throughout the pandemic the Care Quality Commission (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 by telephone calls
- Requesting evidence from the provider
- Site visits.

As part of this inspection we interviewed by telephone; two nursing staff from different hub sites, one healthcare assistant (HCA), a physiotherapist and a pharmacist.

On the day of the inspection we interviewed the Registered Manager, a board director, three GPs working to deliver regulated activities, a reception team member, the business manager, social prescribing lead and the service administrator/ personal assistant.

# Overall summary

We visited Townhead Surgery on 18 August 2021 as part of the inspection and spoke with the Registered Manager and the business manager on site.

## 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 reviewed and improved their understanding of health and safety at all sites. This included an oversight of issues relating to fire safety and infection prevention and control.
- The service had effective processes in place to assure themselves that staff who worked within the extended access service had the right knowledge, skills, competencies and training to carry out their roles, and were safe to do so.
- The service had a system in place to report and respond to significant events. However, we did not see that these were consistently reviewed, with learning and changes shared with staff who were working to deliver regulated activities to ensure that such safety incidents were less likely to happen in the future.
- Policies and procedures were reflective of the service and would direct staff to the best course of action when necessary. The provider was in the process of updating a small number of policies.
- The service reviewed the needs and demographics of their patients in each hub location and ensured that care and treatment was delivered by the clinician who was best suited to support the patient and according to evidence- based guidelines.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a renewed focus on continuous learning and improvement at all levels of the organisation.

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

- Take steps to share the policy for the effective management and response to safety alerts with all staff.
- Provide staff with the opportunity to discuss and comment on their role within the extended access service during appraisals at their normal place of work.
- Take action to ensure that the service recruitment procedure is followed and that appropriate checks are completed prior to new staff commencing employment.
- Take steps to embed the recent changes made to the system for the reviewing and sharing of learning from incidents or significant events.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Take action to ensure that staff working to deliver regulated activities are aware of the organisational leads such as the Freedom to speak up guardian.
- Improve the documentation of meetings held to ensure they are reflective of the discussion and are available for staff review.
- Act to formally notify the CQC of the decision taken to suspend the GP service at specific sites at weekends.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

# Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to Ilkley Moor Medical Practice

WACA (Wharfedale, Airedale and Craven Alliance) Ltd is a GP Federation, serving the needs of the population of Airedale, Wharfedale and Craven, the registered location is Ilkley Moor Medical Practice, Springs Lane, Ilkley, LS29 8TH. The federation is made up of eight practices in the NHS Bradford District and Craven Clinical Commissioning Group (CCG) which spans West and North Yorkshire. WACA Ltd deliver extended access services to approximately 74,000 patients from the eight participating GP practices.

The registered governance and administrative centre for the service is located at The Millennium Business Park, Station Road, Steeton, BD20 6RB. At the time of inspection, the service were no longer using this address and were working from the hub sites.

The organisation is led by the board which is comprised of three GPs and a business manager. One of the board members is also the clinical director and Registered Manager. These lead officers are supported by clinical leads, an administrator, a social prescribing team, a prescribing team, a social media champion, and an IT lead.

Services are delivered from:

- The registered location, Ilkley Moor Medical Practice, Ilkley, LS29 8TH. Monday to Friday between 6.30pm and 8pm.
- Dyneley House Surgery, Skipton, BD23 2HZ. Wednesday and Thursday between 6pm and 8pm.
- Ling House Medical Centre, Keighley, BD21 2JH. Tuesday between 6pm and 8pm.
- Townhead Surgery, Settle, BD24 9JA. Monday and Tuesday between 6.30pm and 8pm and Saturday mornings between 9am and 11am.
- At the time of our inspection, weekend appointments with a GP had been suspended at the Ilkley Moor location and the Dyneley House Surgery location due to IT issues.

Non-clinical staff are located at each of the four hub sites during operational hours.

At the time of our inspection, approximately 20-40% of appointments were being offered face to face, the remaining appointments were offered as video or telephone consultations.

The focus of this inspection was the extended access service; 30% of the appointments offered within the extended access service are with GPs. The remaining appointments are with other multi-disciplinary clinicians such as pharmacists, nurses, physiotherapists and healthcare assistants.

The WACA alliance of eight practices also work collaboratively outside the remit of the provision of extended access services. Therefore, all staff who work to deliver regulated activities in the extended access service, with the exception of the three first contact physiotherapy practitioners, are also included in the training, learning and delivery of the wider services to the local community.

WACA sub-contract directly with a voluntary care sector service who provide mental health support and counselling appointments to children and young people. We have not inspected these services, as under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, these services do not fall under the Care Quality Commission's scope of registration. Notwithstanding this, we did not highlight any concerns regarding the oversight of these services.

WACA limited is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Family Planning
- Surgical procedures
- Maternity and midwifery services

Staff who work for the provider are contracted to work for the GP practices within the locality. The management of staff rotas is undertaken by practice managers at the hub sites and staffing costs are then re-charged to WACA. It is the responsibility of the practice from where services are delivered, to ensure that staffing is in place during the extended access service's opening hours.

WACA is responsible for the governance and oversight of these staff whilst they work in the extended access service.

# Are services safe?

We rated the service as good for providing safe services.

At the inspection in November 2019, we found that the provider did not have an effective system in place to oversee health and safety issues at all sites including infection prevention and control or for the management and communication of significant events. We also found that effective processes were not in place to ensure that policies and procedures were reflective of the service and covered the full range of activity undertaken by the provider or how these were communicated to staff. At this inspection we saw that the provider had responded to these concerns. Audits of the hub environments were in place and the provider had implemented new policies such as the recruitment policy, training policy, lone working policy and a remote working policy.

## Safety systems and processes

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

- The provider had conducted a recent audit of each hub site in April 2021. The audit evidenced a review of environmental safety documentation and assured the provider that location specific checks and audits were undertaken in a timely manner, including infection prevention and control audits, the calibration of equipment and portable appliance testing (PAT) testing certificates.
- The provider conducted safety risk assessments. They had safety policies, including control of substances hazardous to health (COSHH), health and safety policies and risk assessments in place. These were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction training, alongside an induction booklet and a staff handbook.
- Staff had access to standardised WACA policies in the files retained at each site, the staff handbook and the WACA intranet page.
- 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. Staff knew who the safeguarding lead was and how to contact them. There had been no safeguarding referrals made during the last 12 months. The understanding of the staff team had been audited following a recent safeguarding training session which had been led by the organisational lead.
- 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 provider could assure itself and evidence, that all staff who carried out regulated activities had a Disclosure and Barring Service (DBS) check in place. (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). One recently recruited member of the management administration staff was awaiting their DBS check, but had undertaken a recent DBS with their previous GP employer.
- As per the provider training policy, an oversight was maintained of all staff training, including up-to-date safeguarding and safety training, competencies and professional registration updates appropriate to their role.
- The provider evidenced that they had recently reviewed the need for team members to complete chaperone training and this had been included in their training matrix.
- There was an effective system in place which enabled the provider to maintain oversight of infection prevention and control.
- The provider had recently implemented a system, in line with guidance, to record the immunisation status of staff and was in the process of requesting information from staff to ensure that all clinical staff had adequate immunity for vaccine preventable infectious diseases.

## Risks to patients

# Are services safe?

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. We saw that rotas were planned in advance. Following a significant event, clinicians were sent text messages reminding them of the days they planned to work.
- The provider did not use temporary or locum staff, all staff who worked to deliver regulated activities were a member of a WACA practice, and they therefore had appropriate access to clinical systems, policies and procedures implemented throughout the WACA alliance and specific provider information.
- The number and times of consultations were fixed, in line with the provider's contract. All appointments were booked prior to a patient having a consultation. There were no walk-in appointments. Consequently, there was no requirement for any system to deal with surges in demand.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Patients with complex issues or concerns would be seen during normal general practice hours by their own GP practice.
- The provider had a business continuity plan in place and an additional plan had been devised and implemented during the COVID-19 pandemic. Risk assessments had been completed for staff and the provider had oversight of these. The contact details for accessing staff support were available to all staff in the WACA files and staff information booklets.

## Information to deliver safe care and treatment

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

- Patients who accessed the services provided by WACA Ltd, consented at the time of making the appointment for clinicians to access their individual care records. The provider was experiencing IT issues at the time of our inspection and as they had been unable to resolve these problems, the decision had been taken to suspend the GP service at weekends to ensure that patient care was not compromised. The provider planned to formally notify the Care Quality Commission of this.
- Individual care records were written and managed in a way that kept patients safe. The same clinical system was used for all practices in the federation and clinical staff were able to view extensive patient notes.
- Concerns, requests for referrals and tasks were shared with the patient's GP. Recent changes to how this was carried out included new safety netting arrangements to make sure that information was not lost.
- The provider had Information Commissioner's Office (ICO) registration in place.

## Appropriate and safe use of medicines

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

- The provider maintained oversight of the systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment which minimised risks. At this inspection we found the provider had introduced standardised emergency drugs and equipment across all hub sites which was supported by an emergency drugs policy.
- The service kept prescription stationery securely and monitored its use.
- The service had carried out an antibiotic prescribing audit in November 2020 which found that prescribing was consistent with NICE guidelines
- At the time of our inspection the service did not hold or administer any medicines which required refrigeration or dispense any medicines or controlled drugs.

## Track record on safety

# Are services safe?

The service had improved its safety record.

- The service monitored and reviewed information from each hub location and for the staff employed in the delivery of regulated activities. We saw that audits of the environment were conducted in November 2020 and April 2021 with a plan in place to achieve this quarterly.
- The provider assured us that each and every member of the clinical team received patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS) as part of the wider remit of the collaborative WACA alliance. We did not see a policy which supported this process, but saw evidence that alerts were effectively managed.
- The provider had introduced a standardised lone working policy and a remote working policy at all hub sites. Staff were aware of these policies, confirmed they were adhered to, and knew how to access them.
- There were comprehensive risk assessments in relation to environment and staff safety issues.

## **Lessons learned and improvements made**

The service had made changes to improve their processes to demonstrate that they learned and made improvements when things went wrong.

- There was a system for recording significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. We were told that leaders and managers supported them when they did so.
- The service had documented four significant events during the last 12 months. We did not consistently see that the system for action, reviewing and investigating when things went wrong worked effectively or that the service had learned and shared lessons, identified themes and took action to improve safety in the service. However, for the most recent significant event, dated 5 July 2021 we saw that prompt action was taken and that learning, and changes made to the service were shared with the clinical team. The provider had also made changes to how these incidents were shared and reviewed with staff who delivered regulated activities.
- In response to concerns that not all emails or communications distributed by the hub site managers may be read by staff who worked to deliver regulated activities, the provider had implemented a process to ensure that future information and updates would be sent directly from the WACA extended access service to the staff member with a read receipt.

# 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.

- Clinical staff were supported in their decision making by clinical protocols and an advanced computer programme called 'GP assist' which gave access to best practice guidelines and support.
- We spoke with clinicians and were assured that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- We saw no evidence of discrimination when making care and treatment decisions. Each hub site offered a minimum of 30% of their appointments as GP appointments. Each practice then choose which health professionals would provide the additional extended access appointments. These were tailored to meet the health and social care needs of their patients.
- The provider communicated with staff using a variety of different methods. Regular email communications were sent to the teams, and the service used social media appropriately to communicate information and changes. Training and update videos could also be accessed by staff from the service intranet which also included additional information for staff.
- Leaders of the organisation held a weekly steering group meeting with a practice manager and at least one GP from each of the eight member practices. Information was disseminated to staff who worked to deliver regulated activities, from this meeting via monthly learning time sessions held in the practices. We found that significant events and complaints relating to the extended access service, were not always reviewed at the steering group meeting and the minutes were not fully reflective of the discussion and therefore would not allow staff who were unable to attend to review the content of the discussions.
- All staff and managers we spoke with told us that WACA extended access service was discussed monthly at the practice learning time sessions. However, we found that minutes of this meeting were not available to staff who had been unable to attend.
- Staff told us they were aware that the provider intended to start to provide them with regular additional bulletins.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Reception staff knew to contact the duty GP for any patients presenting with urgent symptoms, such as experiencing chest pain or difficulties with breathing.

## **Monitoring care and treatment**

The wider alliance of the eight WACA practices had a programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. Examples of quality improvement activity were shared with the staff and clinicians working in the extended access service through meetings and were applicable to and enhanced the care of the patients who also attended the extended access service.

- Where appropriate clinicians took part in local and national improvement initiatives.
- The service was meeting their locally agreed target as set by their commissioner, which was 60 minutes clinical time per 1,000 patients.
- The service made improvements through the use of completed audits. Clinical audit had an impact on quality of care and outcomes for patients. The service had carried out an antibiotic prescribing audit in November 2020 which found that prescribing was consistent with NICE guidelines
- A quality improvement audit completed in July and August 2019 showed of 11 patient records reviewed at random who attended the extended access service, 10 (91%) were felt to be appropriate to be seen within the extended access service.

# Are services effective?

- An audit of the uptake of appointments and of appointments which were not attended (DNA's) was undertaken in 2021 to allow the provider to ensure that the appointments provided met patients' needs.
- The wider WACA collaboration had also through a process of audit, enhanced and established new procedures for early cancer diagnoses and /or cancer screening which would have a positive impact of all patients including those who accessed the extended access service. We saw that this information was disseminated to the staff team.

## Effective staffing

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

- The provider had oversight of all staff who delivered regulated activities and ensured that they were appropriately qualified and trained to do so. The provider had a service specific induction programme for all newly appointed staff. This covered such topics as contacts, useful information, environmental safety and policies and procedures.
- Staff told us they worked within their scope of practice and had access to clinical support when required. Nursing staff told us they could access lead GPs for support, were encouraged to be in charge of their own learning and make suggestions regarding future training and presentations.
- 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.
- The provider provided staff with ongoing support. This included updates, access to the intranet site, training and meetings. All staff who worked for WACA in the extended access service also worked for one of the eight participating practices and their appraisals were carried out by their respective practice manager, with a record of this support held within the extended access service. Staff told us they would feel able to discuss any issues regarding the extended access service with their line manager, but the provider could not evidence a formal process for staff to feedback on a 1:1 basis to managers regarding their experience or any possible issues they may have encountered whilst working within the extended access service.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- We saw for the most recent recruitment of non-clinical staff that the provider had not followed their own policy which was now in place and were awaiting the DBS check and a further reference for this member of the team. A recent DBS check was in place from a previous employer.

## Coordinating care and treatment

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

- The WACA alliance of eight practices worked consistently, collaboratively and cohesively together to plan and deliver primary care services and the extended access service. This standardised approach to care and treatment also benefited their patients when they were reviewed within the extended access service. For example, we saw work which had been undertaken to enhance and support the uptake of cancer screening across all eight member practices.
- Managers, leaders and staff involved in the delivery of regulated activities worked collaboratively and without barriers with different teams, services and organisations, to assess, plan and deliver appropriate and coordinated person-centred care and treatment.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with the patient's registered GP, so that the GP was aware of any need for further action. Safety nets were in place to ensure that information was not missed. Staff also referred patients back to their own 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.

# Are services effective?

- Following a suggestion made by a member of the nursing team, the respiratory lead established a respiratory group and email contact as a source of feedback and support for staff.
- The service ensured that care was delivered and planned in a coordinated way which considered 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 need extra support.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this. Referrals and support was available to patients from local voluntary care services, social prescribers, first contact practitioners and pharmacy support.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. A COVID-19 business continuity plan was in place and risk assessments had been undertaken where necessary, with PPE available to staff and patients.
- 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.

- Reception staff at the patient's own GP practice were able to make direct appointments on behalf of the patient into the extended access service and processes were in place to ensure the patient was referred to other services where necessary. Consent to sharing their computer record was obtained during the booking process and the role of the service provider was explained to the patient.
- 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 well-led?

**We rated the service as good for providing well led services.**

At the inspection in November 2019, we found that the provider did not have an effective system in place to oversee health and safety issues at all sites including infection prevention and control. We also found that effective processes were not in place in relation to the management of staff checks. At this inspection on 24 August 2021 we found the provider had responded to the previous breach of legislation and these issues had been addressed. We also saw that provider specific information was available at all hub sites which described the aims of the extended access service. Appropriate information was available to enable patients to make comments or a complaint.

## 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 which related to the diverse populations at each hub site and were addressing them.
- Staff told us that 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. A survey of the team had asked GPs if they felt they would benefit from additional training and the opportunity to develop specialist roles.

## 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.
- We saw evidence that the service developed their vision, values and strategy jointly with patients, staff and external partners.
- Staff told us they were aware of and understood the vision, values and strategy and their role in achieving them.
- 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 and tailored this to each separate locality to ensure patient needs were met.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values by way of regular communications.

## Culture

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

- Staff told us they were happy working within the service and felt respected, supported and valued. They were proud to work for WACA and the extended access service.
- The service focused on the needs of patients.
- Leaders and managers encouraged behaviour and performance consistent with the vision and values.

# Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider had recently introduced a system to learn from and share, the outcomes and actions from significant events. They planned to discuss this in upcoming staff meetings and learning sessions to ensure it was embedded into the team.
- 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 felt supported to raise concerns and were encouraged to do so. They had confidence that these would be addressed and said that management was approachable at all levels of the organisation. However, not all staff we spoke with were aware of whom the Freedom to speak up guardian was.
- Through the wider collaboration of the eight WACA practices, and as every member of staff who provided regulated activities for the provider also worked within one of the member practices, there were processes for providing all staff with the development they needed. However, as noted, the extended access service was not discussed during practice appraisals.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity and identified and addressed the causes of any workforce inequality. The provider evidenced that staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive, supportive and professional 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 joint working arrangements and collaboration 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. We were told that some of these policies were due for review, which was ongoing. The policies which were in place were reflective of the activity taking place.
- Business continuity plans and risk assessments were in place and reflected changes necessary during the COVID-19 pandemic.

## 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. These processes had significantly improved since our last inspection.
- 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 prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audits undertaken in the service and as part of the wider WACA remit had a positive impact on quality of care and outcomes for patients in the extended access service. There was clear evidence of action to resolve concerns and improve quality.
- The provider had plans in place and had trained staff for major incidents.
- 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

# Are services well-led?

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. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to the local clinical commissioning group as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- The provider ensured that staff had received regular information and support, including which managers were contactable during service hours.
- Staff told us they knew who to contact during service hours, and that additional support was provided by positive staff working relationships.
- A full and diverse range of patient, staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. A patient feedback group was in place.
- Staff were able to describe to us how they would record complaints or significant events and provide feedback to managers.
- Provider specific information was available at all hub sites which described the aims of the extended access service. Appropriate information was available to enable patients to make comments or a complaint.
- Opportunities for staff surveys were limited during the pandemic, but we saw evidence of regular engagement with staff. Surveys were undertaken to ensure that staff understood training and their responsibilities.
- A staff and patient feedback form was in place.
- 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.

- The team worked closely with the data quality team, community partnerships, patient groups and staff to provide a service that met the needs of the patient population.
- The provider was forward thinking regarding the role of the service within a new governance structure at integrated care system level.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.