Care Quality Commission

Patient First Social Enterprise Limited

Stratford Village Surgery

Inspection report

Stratford Village Surgery,
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Overall summary

We carried out an announced comprehensive inspection on 18 December 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Stratford Village Surgery provides Independent Health Care services under the provider Patient First Social Enterprise Limited (PFSE) that was formed to facilitate clinical care delivery from a community based setting. It is different to the Stratford Village Surgery (GP Practice) but uses rooms within the same premises for clinical and administrative purposes. IT systems management, patient clinical records, human resources records, general management such as answering patients telephone calls and governance processes are all held and undertaken at the top floor of the Stratford Village Surgery GP Practice site 50c Romford Road, London E15 4BZ.

The service is a GP led organisation in the London Borough of Newham that provides a range of clinical services for patients including cardiology, dermatology, minor surgery, gynaecology, and musculoskeletal care in partnership with GPs and hospital consultants. The Operations Manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run."

Summary of findings

Forty nine people provided feedback about the service which indicated patients were treated with kindness and respect. Staff were described as friendly, caring and professional. Some patients commented how the use of the service had helped them with their individual care needs or described the environment as clean and tidy.

Our key findings were:

- Staff were aware of current evidence based guidance and carried out a wide range of clinical quality improvement activity to improve patient outcomes.
- Staff had been trained with the skills and knowledge to deliver effective care and treatment.
- Feedback from patients we spoke to, CQC patient comment cards and service survey results showed patients were satisfied with their care and treated with compassion, dignity and respect.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they did not have to wait too long to access the service and there was continuity of care; however some systems for patient prescriptions entailed delays.
- The service had good facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the service complied with these requirements.

There were areas where the provider could make improvements and should:

- Review arrangements for patients requiring prescribed medicines.
- Review to ensure clinical equipment cleaning.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had clearly defined processes and well embedded systems in place to keep patients safe and safeguarded from abuse.
- The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way.
- The provider operated safe and effective recruitment procedures to ensure staff were suitable for their role.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- We observed the premises and equipment to be visibly clean and tidy. There were adequate arrangements in place for the management of infection prevention and control, as well as effective arrangements in place to respond to emergencies and major incidents. However, we noted there was no formal protocol to ensure some pieces of clinical equipment cleaning such as for ultrasound and bio density. After our inspection the service sent us a protocol and cleaning log sheets for clinical equipment that included a method to ensure all relevant staff had ease of access to it and a reminder to ensure this was undertaken and logged.
- The provider had systems in place to support compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- There was evidence of shared learning across organisation and through dissemination of safety alerts and guidelines.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Conversations with staff and supporting evidence provided as part of our inspection demonstrated that the continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring that high quality care was delivered by the service.
- The service carried out assessments and treatment in line with relevant and current evidence based guidance and standards.
- There was a comprehensive and embedded program of quality improvement and audits were used to drive service improvement.
- Key performance indicators were in place for monitoring various aspects of quality including patient satisfaction.
- We saw evidence to demonstrate that the service operated a safe, effective and timely referral process. Onward referrals resulted in a letter back to the doctor; we also saw that patient consent was sought in line with legislation and guidance as part of this process.
- The process for seeking consent was monitored through patient records audits and we saw evidence of this during our inspection. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Summary of findings

- During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with demonstrated a patient centred approach to their work. In addition, completed CQC comment cards were very positive and indicated that patients were treated with kindness and respect.
- Results of the services customer satisfaction survey highlighted positive satisfaction rates with regards to the service provided.
- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The premises were suitable for the service provided. There were facilities in place for people with disabilities and for people with mobility difficulties. There were also telephone translation services available.
- Services were provided following referral from a patients registered GP.
- Patients had a choice of time and day when booking their appointment.
- Results of the services latest customer satisfaction survey indicated that patient satisfaction levels were high.
- The service had a complaints policy in place and information about how to make a complaint was available for patients. We saw that complaints were appropriately investigated and responded to in a timely manner.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Staff we spoke with felt well supported and appropriately trained and experienced to meet their responsibilities.
- The organisation invested in staff and they were encouraged to partake in different training opportunities linked to their roles, responsibilities and professional development goals.
- There were consistently high levels of constructive staff engagement and there were high levels of staff satisfaction. During our inspection staff expressed pride in working for the organisation.
- Governance arrangements were actively reviewed and reflected best practice. Systems were in place to ensure that all patient information was stored and kept confidential.
- There were clear staffing structures in place; these reflected both board and local level staffing structures.
- Staff we spoke with during our inspection were aware of their responsibilities as well as the responsibilities of their colleagues and managers.
- There was a focus on continuous learning and improvement at all levels within the service. Staff were encouraged to identify opportunities to improve the service delivered through meetings, day to day and the appraisal process.

Are services safe?

Our findings

Safety systems and processes

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

- The service had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). It had a suite of safety policies and procedures which were regularly reviewed and communicated to staff. New staff received safety information for the practice as part of their induction and training.
- The service had systems to safeguard children and vulnerable adults from abuse, children from age 6 weeks were eligible to received dermatology treatment. Safeguarding policies were reviewed and were accessible to all staff and all clinical areas had their own appointed safeguarding lead as well as overall scrutiny and responsibility being held at board level. They outlined clearly who to go to for further guidance. The policies contained contact numbers to make referrals regarding safeguarding concerns. Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. For example, clinical care for a potentially vulnerable patient that did not attend for three consecutive appointments, the clinician informed relevant colleagues to and looked into the reasons for non-attendance. Escalation was not required and a further appointment was arranged to facilitate the patient being seen.
- 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.
- Arrangements were in place and implemented to ensure the professional revalidation of medical and nursing staff.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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). It was the services policy to request DBS check for all staff.

Risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The service had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the service and a fire evacuation plan.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There was an effective system to manage infection prevention and control.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs and clinics were adjusted to accommodate demand.
- Clinician's files we checked showed they had medical indemnity insurance in place.

Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system. This included medical records and investigation and test results.

Safe and appropriate use of medicines

There were no medicines held on the premises, with the exception of emergency medicines for use in a medical emergency. There was no prescribing carried out at this location, with the exception of limited medicines for dermatology.

- The arrangements for managing emergency medicines in the service minimised risks to patient safety (including obtaining, recording, handling, storing, security and disposal).
- Emergency medicines and equipment were checked regularly and we saw records that documented these checks.
- The limited prescriptions for dermatology were held securely and there were systems to monitor their use. Aside from this, service prescribers did not issue

prescriptions directly to patients but issued a documented prescription request for patients to take to their own GP practice, they also sent a message to the patient's own GP for this purpose. This method entailed delay and the task of patients arranging to deliver a paper copy of the prescription to their own GP, including patients that may have been experiencing pain. Staff were aware of and reviewing this issue which had arisen due to contracting arrangements.

Track record on safety

The practice had a good safety record and there was a system for reporting and recording significant events.

- We reviewed safety records, incident reports, national patient safety alerts, and minutes of meetings where these were discussed.
- Patient safety alerts containing safety critical information were received, cascaded to relevant staff and followed up to ensure patient safety.
- The service had systems in place for knowing about notifiable safety incidents and reporting and recording significant events. Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system.
- The service IT systems that were accessible to all staff held all significant events in a single log that automatically populated onto a significant events standing agenda item at all staff meetings, such as management and administrative as well as clinical and board meetings.
- The service carried out a thorough analysis of the significant events that were identified that were managed appropriately and improvements made as a result. For example, after a patient was given a test form with the wrong details completed. The patient did not have the blood test as the error was immediately picked up by another member of staff. The issue was discussed as a significant event during a staff meeting. The service reviewed its information governance policy and action was taken to improve safety in the service. Staff were reminded of the importance to ensure accurate information to prevent recurrence.

Lessons learned and improvements made

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 identifying, recording, sharing and learning from notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

There was evidence the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards. Clinicians assessed patients' needs and delivered care in line with National Institute for Health and Care Excellence

(NICE) evidence based practice. We saw evidence to support that comprehensive assessments took place using clear clinical care pathways and protocols during our inspection. Formal meetings were used to refresh staff on specific guidelines that were categorised, audited against and cascaded according to area of clinical specialism.

Monitoring care and treatment

The service had undertaken seven completed cycle audits including cardiology, gynaecology, and musculoskeletal care including joint injections, minor surgery, and dermatology. For example, the practice undertook an audit to ensure 100% of patients had received post-operative patient care leaflets for wound care and establish how many patients had formalised and recorded consent. In the first cycle 32 patients were audited and of these two had not received the wound care leaflet but all had consented to treatment. To make improvements, the service pre-printed the wound care leaflet for the surgeon to give to the patient directly after the procedure. In the second audit cycle of 32 patients all had received the wound care leaflet and provided formal consent.

The service operated an "open appointment" system where patients could return directly if needed without returning to their GP for a second referral after completing their care pathway. We saw evidence this this method provided both an efficient and convenient patient service. For example for patients receiving a joint or soft tissue injection only 13% needed return for a follow up check-up appointment.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example for specialist GPs.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The service shared information to plan and co-ordinate patient care effectively.

- From the sample of documented examples we reviewed we found that the service shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other relevant health care professionals such as hospital consultants to understand and meet patients' needs and to assess and plan ongoing care and treatment.
- Information was shared between services, with patients' consent, using a shared care record. Regular specialist multidisciplinary (MDT) meetings took place with other health care professionals where plans of care were routinely discussed and tailored to patient's needs. For example, six weekly musculoskeletal MDT, quarterly gynaecology MDT and three to four weekly minor surgery MDT.

Supporting patients to live healthier lives

- The services provided focused on preventative health and the overall aims and objectives of the service were to support patients to live healthier lives. This was done through a process of health assessments and screening.
- The service was oriented to providing motivational and emotional support to patients in an aim to support them to make healthier lifestyle choices and improve their health outcomes.

Are services effective?

(for example, treatment is effective)

- On the day of our inspection we saw that there was health promotion material on display at the welcome desk and in the waiting area. The organisations website also contained information on each type of service provided.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and advised us this had not been applicable in the scope of its care to patients.
- The service had set up shared care records with patients consent for patients and clinician's clarity and lack of duplication across its services. This meant clinical staff that needed to see patients' medical records to best assess and provide relevant treatment were able to do so in real time. In addition, the practice had innovated to install the IT customer information database at the local hospital for joint consultant clinics at the hospital.

Are services caring?

Our findings

Kindness, respect and compassion

During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with demonstrated a patient centred approach to their work.

We received 48 completed comment cards which were very positive and indicated that patients were treated with kindness and respect. Staff were described as friendly, caring and professional.

The service gathered patient feedback through customer satisfaction surveys, comment slips and by general feedback provided during appointments.

Results of the services patient satisfaction survey highlighted positive satisfaction rates with regards to the service provided. For example, responses for the preceding rolling year to the question "comfort of waiting room" showed 96% of patients responded "good", "very good" or "excellent" with the remaining 4% stating "fair"; responses to the question "time spent with clinician" showed 98% of patients responded "good", "very good" or "excellent" with the remaining 2% stating "fair".

Involvement in decisions about care and treatment

Patient comment cards evidenced patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them such as for pain management or acupuncture.

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services such as "language line" telephone interpreters available for patients who did not have English as a first language.
- We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Information leaflets were available in easy read format.
- The service had instigated a follow up process for patients so they could return if they felt it necessary without a re-referral and where necessary after completing the treatment pathway. This process was designed to be hassle free and convenient for the patient and ensure resources were not wasted such as where follow up appointments are not required.
- The Minor Surgery service telephoned patients after 3 months to see if all is well and patient is happy with the service and health care outcomes.

Privacy and Dignity

Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The services' latest customer satisfaction survey results indicated that patients felt their dignity was respected during examinations with the doctor.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service was set up in response to patient needs within the local population profile. For example in response to high rates of cardiac illness locally due to obesity and to provide ethnic skin specialist dermatology services in response to the diverse population. The service was commissioned by the local CCG.

- All patients attending the clinic were referred by their own GP.
- There were disabled facilities including a fully accessible lift to all consultation and treatment rooms.
- There were accessible facilities, which included a hearing loop and interpretation services such as "language line" telephone interpreters available.
- The service provided a range of community based clinical services from multiple sites including evening and Saturdays.
- The service cardiologist provided a telephone service between 1pm and 3pm every weekday.
- The service monitored its performance for timeliness of answering patient telephone calls and we saw system generated evidence it had achieved 100% of calls answered within 30 seconds during the most recent monitoring period that was 7 September 2017 to 7 December 2017.
- The service continuously monitored patient satisfaction by offering a questionnaire and comments survey to every patient that asked a wide range of questions about their experiences. Results showed patients were happy with services provided. For example, responses for the preceding rolling year to the question "convenience of location of the service" showed 97% of patients responded "good", "very good" or "excellent" with the remaining 3% stating "fair"; responses to the question "the clinician explained your diagnosis to your satisfaction and gave you an opportunity to ask questions" showed 99% of patients responded "good", "very good" or "excellent" with the remaining 1% stating "fair". We checked for instances where patients described the service as "poor" and noted that across eight questions asked, less than 1% of all responses stated the service was "poor" and six of the eight questions asked had no "poor" responses from patients. On the question of "the visit and treatment overall" 99% of patients responded "good", "very good" or "excellent" with the remaining 1% stating "fair". There were no patients that said the service was "poor". These results demonstrated high levels of service performance expressed through patients consistently positive experiences.
- The practice also undertook patient surveys to assess its performance in light of patient satisfaction in specific areas of clinical delivery. For example, through a minor surgery patient satisfaction audit which also asked for patients recommendations to improve the service. Fifty patients provided feedback and results were similarly very positive, we noted there were no comments from patients with suggestions for service improvement.
- The service also analysed patient comments from its general survey and had implemented improvements such as to lighting, reading materials whilst waiting, and decoration that we observed on the day of inspection.
- A further patient satisfaction survey was undertaken across all areas of service delivery with results collected December 2016 to November 2017 that showed 95% of patients were either likely or extremely likely to recommend the service.
- There was a comprehensive patient appointment reminder system in place including a letter sent by post, a text message on booking appointment time, a text message two days prior to appointment, and a reminder phone call the day before appointment.

Timely access to the service

The services' opening hours were Monday to Friday from 8.30am to 5pm and outside of core hours Monday, Wednesday and Thursday 5pm to 9pm and Saturday 8.30am to 1pm.

There were a variable amount of clinics provided according to patient need such as from GP referrals. There were a combination of clinics including Dermatology, Minor surgery, Joint and Musculoskeletal clinics, and psychology for pain management, physiotherapy, cardiology and gynaecology.

We noted that the services latest customer satisfaction survey results indicated that patients were happy with access to the service.

Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance.
- There were designated staff at several levels including at board level with overall responsibility for receiving complaints and complaints management. Complaints were routinely discussed during staff meetings including at board meetings.
- Information was available to help patients understand the complaints system such as complaints leaflets.
- We looked at nine complaints received in the last 12 months and found these were dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, after a patients appointment had been delayed due to a clinician being delayed arriving to work and needed to prepare on site before commencing clinic. The service apologised to the patient and explained what had occurred in detail; they also amended the appointment letter to prevent recurrence by adjusting the time an appointment might take to include time needed for a clinician to prepare appropriately. All complaints were logged into the practice IT system and automatically populated into staff agenda meetings including at board level. We saw evidence complaints were discussed and taken seriously to consistently improve service delivery across all staffing levels and operational and clinical areas.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability

- The organisation was overseen by a board of two directors with clear overarching strategic responsibility and delegated operational responsibility that covered strategy plans, monitoring group performance, and overseeing risk.
- At a local level, we found there was a clear leadership and staffing structure and staff were aware of their roles and responsibilities and the limitations of these. Clinical and administrative leads and managers were visible in the service and conversations with staff indicated that they had frequent engagement with and access to relevant leads.
- Processes were in place to check on the suitability of and capability of staff in all roles. Staff in a range of roles told us that managers were approachable, listened and supported them in their roles and responsibilities.

Vision and strategy

- The organisation had a clear set of values and behaviours, these were filtered through to staff in various roles at the local level and staff we spoke with demonstrated that they promoted the organisational values in their working roles.
- Values included orienting to excellence and continuous improvement, and to be inclusive with a respect and value of diversity where everyone should receive a high standard of remarkable care. During our inspection we saw that staff could access protocols that reflected the organisations values and behaviours through the shared drive. Staff interviewed demonstrated high levels of alignment and commitment to the organisational values.

Culture

On the day of inspection the service directors, and other leaders and managers demonstrated they prioritised safe, high quality and compassionate care. Staff told us leaders and managers were approachable and always took the time to listen to all members of staff.

- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management:

- Staff said they felt respected, valued and supported by directors and the leadership and management team.
- Staff told us the service held regular team meetings and we saw evidence this was the case.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted regular team social events were held.

The service was forward thinking and outward facing and helped improve local services by sharing innovation and learning. For example, the service had seven consultants and a greater number of GPs with special interests on its rota and provided teaching to registrars, and local GPs and nurses which was not part of its contractual arrangements or obligations. This created an accessible platform for upskilling local clinical staff.

The service also set up a new process to help best educate patients on proposed clinical procedures that needed to be undertaken in a hospital environment, and to establish patients consent for such procedures in advance before arriving at the hospital. This innovation was designed to ensure patients were able to consider all the information in good time and to reduce the sometimes time pressured administrative burden in hospital. Indicative feedback from hospital consultants was positive.

Governance arrangements

The service had an overarching governance framework:

- The service had effective and embedded fail safe governance systems and processes to ensure

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

sustainable and continuously improving high quality patient care. For example, it had set up a secured shared I-cloud drive with colour coded areas that mapped to CQC key lines of enquiry guidance to self-assess and afford regulatory compliance. This provided a bank of information that was held securely which staff could access any time including service policies and procedures.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Service specific policies were in place and implemented clearly catalogued and available to all staff via the shared drive.
- There was a programme of continuous clinical and internal audit to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- The service arrangements for patients requiring some prescribed medicines entailed delay and potential patient difficulty such as for those in pain. Staff were aware of these circumstances and told us they intended to carry out a review of current prescribing practices.

Managing risks, issues and performance

The service was self-aware and ambitious to reduce errors and improve performance, particularly in response to patient feedback. For example, by monitoring performance to sustain 100% of patient calls answered within 30 seconds, high levels of patient satisfaction, inviting patient suggestions for improvements through patient survey and responding proactively. The service also responded to patient feedback such as complaints that were automatically escalated to staff meetings at all levels; including board level by way of the practice IT systems that were embedded and effective.

- The service had identified and planned against risks such as maintaining business resilience in light of short term contracts and had planned in minimum notice periods accordingly.
- The service showed us its key performance metrics that demonstrated it had delivered substantial savings and efficient use of resources when compared to equivalent services delivered in a hospital setting.
- Clinical services review reports showed a high proportion of referred patients specific care needs were effectively and fully delivered by the provider with shorter patient waiting times, and onward referral rates to secondary care being low. For example, for cardiology services; 82% of patients were seen and discharged within ten weeks of referral (secondary care figure for similar care conditions is 17 weeks), onward referrals to secondary care were 10% and there were zero reported complications or incidences.

Appropriate and accurate information

We saw evidence appropriate and comprehensive assessments took place using clear pathways and protocols during our inspection.

- Anonymised assessments reviewed during our inspection outlined that individual needs and preferences including up to date medical history were available and recorded, as well as the purpose of the appointment, assessment and treatment details and any onward referral information.
- Systems were in place to ensure that all patient information was stored and kept confidential. There were policies in place to protect the storage and use of all patient information. IT systems were password protected and encrypted.
- There were information governance and data protection protocols in place and staff completed regular training in these areas.
- The service led and provided IT expertise locally and we saw evidence several wider medical systems professionals and organisations had approached the service and gained ideas and learning from IT arrangements the service had created and implemented.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The service had gathered feedback from patients through surveys and complaints received.
- The service also had an active Patient Participation Group (PPG) which is not usual for a service without a static list of patients. However, we saw evidence PPG meetings included board members, leaders and

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

managers present to listen to patients that had received or were receiving treatment from the service. PPG member's thoughts and suggestions were taken on board to deliver improvements such as to signage.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions about how to run and develop the service, and the directors encouraged all members of staff to identify opportunities to improve the service. Staff told us they felt involved and engaged to improve how the service was run.

Continuous improvement and innovation

- The service had trialled a new method for cryotherapy and established it was both safer and cheaper than conventional methods. An outcome of this was local commissioners had recommended this be rolled out across all GP practices in Newham.
- The service had set up shared care records with patients consent for patients and clinician's clarity and lack of duplication across its services. This meant clinical staff that needed to see patients' medical records to best assess and provide relevant treatment were able to do so in real time. In addition, the practice had innovated to install the IT customer information database at the local hospital for joint consultant clinics at the hospital.
- The service had innovated to improve local IT systems to allow immediate issue of a consultant's letter to GPs via the patient secure internal database for dermatology services, in line with patients consent. Staff told us this was the first community service to have this kind of direct secured line of communication with patient GPs.