GPDQ Limited

GPDQ PRACTICE OFFICE

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 19 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.

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.

GPDQ Limited provides mobile, private GP services in the Greater London area and in Birmingham, through its location, GPDQ Service Office, also known as GPDQ. The organisation is based at Suite 18 St Marks Studios, 14 Chillingworth Street, London, N7 8QJ. The premises are used for management and administrative purposes only. The provider does not consult with patients in it its own premises.

The service is managed by a Management Board which includes a non-clinical Chairperson and Chief Executive Officer, a Chief Medical Officer and two Clinical Directors all of whom are qualified GPs. The Chief Medical Officer is also a partner in an NHS GP service. The Management Board is advised on clinical matters by a Clinical Board, two members of which are external advisors.

The Chief Medical Officer 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.

Our key findings were:

Summary of findings

- Staff were aware of current evidence based guidance and carried out clinical quality improvement activity to improve patient outcomes.
- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the service.
- Staff had been trained with the skills and knowledge to deliver effective care and treatment.
- There were procedures for assessing, monitoring and managing risks to patient and staff safety.
- There were effective protocols for verifying the identity of patients requesting GP consultations, including a step to ensure adults accompanying or requesting consultations for, paediatric patients had legal authority for the patient.
- The service had processes to ensure clinicians who worked more often in NHS services, were knowledgeable about and had the resources to deliver safe and effective treatment as mobile doctors, for instance, by understanding how referrals could be made in different geographical areas.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone between 8am and 11pm every day, or at any time using the provider's website and mobile application.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.

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.
- 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 the 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 program of quality improvement and audits used to drive service improvement.
- We saw evidence to demonstrate the service operated a safe, effective and timely referral process. Onward referrals resulted in a letter back to the doctor; we also saw 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.

- Positive feedback was received from patients through the providers in-house patient satisfaction survey. Patients said they were treated with dignity and respect and were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff respected and promoted patients' privacy and dignity.

Are services responsive to people's needs?

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

Summary of findings

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone between 8am and 11pm every day, or at any time using the provider's website and mobile application.
- Appointments were available between 8am and 11pm every day of the year, including all public holidays. We were told that the on average, appointments were available within 90 minutes of the patient accessing the service.
- The service had arrangements in place to have on-call support from a clinical psychiatrist and had developed close links with specialist crisis care specialists so that patients with acute needs could be directed to appropriate support in a timely manner.
- Patients could request a visit by male or female clinicians and could request to see the same doctor for repeat visits which meant that patients were able to experience continuity of care when this was important.
- 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.
- 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 review and the appraisal process.

GPDQ PRACTICE OFFICE

Detailed findings

Background to this inspection

GPDQ Limited provides mobile, private GP services in the Greater London area and in Birmingham, through its location, GPDQ Service Office, also known as GPDQ. The organisation is based at Suite 18 St Marks Studios, 14 Chillingworth Street, London, N7 8QJ. The premises are used for management and administrative purposes only. The provider does not consult with patients in it its own premises.

GPDQ Limited provides private GP services which are available to any fee paying patient of any age. The service is managed by a Management Board which includes a non-clinical Chairperson and Chief Executive Officer, a Chief Medical Officer and two Clinical Directors all of whom are qualified GPs. The Chief Medical Officer is also a partner in an NHS GP service. The Management Board is advised on clinical matters by a Clinical Board, two members of which are external advisors.

The Chief Medical Officer 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.

Consultations are undertaken by 37 part-time GPs, all of whom also work in NHS GP services. There are eight operational managers, including manager of clinical operations, analytics, marketing, corporate well-being and development. The team is completed by five administrative employees.

Patients using services provided by GPDQ Limited contact the provider by telephone, through its website or using a bespoke application developed for mobile devices.

Patients are seen by the GP in their own homes, places of work, hotels or other external locations. The service is currently available in the Greater London area and in Birmingham city.

The service can be accessed using the website and mobile application twenty four hours per day and by telephone between 8am and 6pm. Appointments are available between 8am and 11pm, 365 days per annum.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection; however patients of the service do not visit the premises which meant they were unable to access the comment cards. We were also unable to interview patients for the same reason. The provider had undertaken recent satisfaction survey activity and had collected feedback from complaints, compliments and social media. The majority of feedback received was positive with people referring to the service as easy and convenient to use and doctor's being caring and highly responsive. There were no consistent themes amongst less positive comments.

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 service had not previously been inspected.

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

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

Detailed findings

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

Are services safe?

Our findings

We found this service was providing safe services in accordance with the relevant regulations.The service had processes and services to minimise risks to client safety. We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the service. Risk assessments relating to the health, safety and welfare of patients using the service and people employed by the service, had been completed in full. The provider demonstrated that they understood their safeguarding responsibilities. The service had adequate arrangements to respond to emergencies and major incidents.

Safety systems and processes

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

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. We were told that because patients were seen in non-surgery environments, GPs often had additional insight into people's personal circumstances and this meant that clinicians sometimes became aware of potential safeguarding issues which could otherwise be missed. The service had arranged a special training event which included contributions from external safeguarding agencies, including police to ensure clinical staff maintained a high state of vigilance in regard of safeguarding concerns. In addition, because the provider offered services in many different local authority areas, there was a risk that safeguarding concerns might not be efficiently managed. The provider had mitigated this risk by compiling a library of safeguarding information so that staff were able to access the correct information for the local safeguarding team for the geographical area in which they had a concern. This information was available on the provider's intranet system and all GPs were able to access this remotely. All staff received up-to-date safeguarding and safety training appropriate to their role. Reports and learning from safeguarding incidents were available to staff.
- Patients using the service were asked if a chaperone was required. When patients requested the presence of a chaperone, a member of the non-clinical team would attend with the doctor undertaking the consultation. Staff who acted as chaperones had been trained for the role by the Chief Medical Officer and had received a 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.) We were told that patients rarely requested the presence of a chaperone.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis. It was the services policy to request DBS checks for all staff.
- There was an effective system to manage infection prevention and control.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe. GPs working for the provider had been provided with portable clinical waste containers, including portable sharps boxes. These were returned to the administrative offices, where appropriate arrangements had been made for collection and disposal.
- Arrangements were in place and implemented to ensure the professional revalidation of medical and nursing staff. We saw a staff matrix which included details of registration and revalidation for all clinical staff. We noted that when a clinician's revalidation was overdue, their availability was suppressed on the IT system which meant they could not be allocated to any work assignments.

Risks to patients

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

- The service maintained a risk register which was reviewed bi-annually and this was discussed at Board of Director's meetings. There were comprehensive risk assessments in relation to safety issues. For instance, GPs working for the service all worked alone and visited patients in their homes, hotels, places of work or other remote locations and the service had carried out a detailed assessment of the risks associated with lone working and had taken actions to mitigate these risks. New staff received safety information for the service as part of their induction and training.
- There was a health and safety policy available.

Are services safe?

- 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 equipment was checked and calibrated to ensure it was safe to use and was in good working order. GPs working for the service provided their own clinical equipment and the provider had a process in place to request evidence that equipment had been calibrated.
- 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

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

- The service had designed a template for use during patient consultations. This included sections to record details of the patient condition, including the history of the condition, the patient's previous medical history, any current or previous treatments as well as details of allergies. Care records we saw showed that these templates were used properly and included the information needed to deliver safe care and treatment.
- Clinical staff had secure access to test and imaging results and these could be reviewed remotely. There were processes in place to ensure that results were received and appropriate actions taken, for all tests undertaken.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Where appropriate information was shared with the patients NHS GP for example if a patient needed an urgent referral. Clinicians we spoke with were able to explain that confidential information could be shared without consent if it was required by law, or directed by a court, or if the benefits to a child or young person that would arise from sharing the information outweighed both the public and the individual's interest in keeping the information confidential. This was in line with GMC guidance around information sharing.
- Clinicians made timely referrals in line with protocols.

Safe and appropriate use of medicines

The provider's offices were used for management and administrative purposes only and there were no medicines held on the premises. There was no prescribing carried out at this location.

- The provider had undertaken an assessment to inform its policy around mobile clinical staff carrying emergency medicines. The provider had concluded that the potential benefits to patients were outweighed by the risks associated with GPs carrying emergency medicines during visits. However, there were arrangements in place to ensure that GPs carrying out travel vaccinations had access to medicines for anaphylaxis. Anaphylaxis is an allergic reaction, which can occur because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat, including vaccinations.
- The service had a protocol in place to ensure safe prescribing, including the management of repeat prescribing. Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The service had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The prescribing protocol also included steps to monitor the prescribing of certain types of medicines, for instance, sedatives. This was to mitigate against the risk of accidental or deliberate misuse. We were told that GPs working for the service could only prescribe a maximum of five days dose of these medicines and any repeated requests were escalated to the Chief Medical Officer.
- There were effective protocols for verifying the identity of patients requesting GP consultations, including a step to ensure adults accompanying or requesting consultations for, paediatric patients had legal authority for the patient.

Track record on safety

The service 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.

Are services safe?

- 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 operations 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.
- We noted that the service had recorded six significant events. 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, we saw details of an occasion when there had been an interruption to the mobile telephone network which meant that staff were temporarily unable to make or receive calls, including calls to or from patients. On that occasion, the member of staff who had first identified the problem had used their initiative and redirected calls to a landline where they could be answered. The service had reviewed the incident and noted that the member of staff had taken the proper course of action and had circulated this action as a contingency plan to all clinical staff members.

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

We found that this service was providing effective care in accordance with the relevant regulations.The service provided evidence based care which was focussed on the needs of the patients.

Effective needs assessment, care and treatment

- The provider had systems to keep clinicians up to date with current evidence-based service. Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.
- Patients' needs were fully assessed. The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We were told that clinicians would always advise patients that the service provided should not be considered to be an emergency service and provided advice on what to do if their condition deteriorated suddenly, including where to seek further help and support.

Monitoring care and treatment

The provider undertook quality improvement activity and were able to provide evidence of two clinical audits, one of which was a completed audit where the improvements made were implemented and monitored. For instance, the provider had undertaken an audit of antibiotic prescribing to identify whether clinicians were following best service guidelines. During the first audit cycle, undertaken in June 2016, the service reviewed consultation notes for 67 instances where urinary tract or lower respiratory tract infections had been diagnosed. This had identified that in 69% of cases, the clinician had prescribed antibiotics. The service had organised a mixed social and professional event to which all clinical staff working for the provider were invited and had used this occasion to share local guidelines on antibiotic usage and to remind staff about current teaching on antibiotic resistance. When the audit was repeated with a similar sample size in November 2017, the provider found that prescribing of antibiotics for the two types of infections had reduced from 67% to 51%.

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 provided on-going training to ensure clinicians who worked more often in NHS services, were knowledgeable about and had the resources to deliver safe and effective treatment as mobile doctors, for instance, by understanding how referrals could be made in different geographical areas.
- The learning needs of staff were identified through a system of appraisals, meetings, combined work and social events known as 'Doctor Mixers' 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

- Patients using the service were asked if the details of their consultation could be shared with their registered GP. If patients agreed we were told that a letter was sent to their registered GP in line with GMC guidance and this was noted on the consultation notes.
- The service offered full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments.
- In circumstances where the patient did not consent to sharing their treatment information with their NHS GP, the provider monitored the treatment of patients through guidelines and evidence based outcomes. We were told that this was frequently done at no cost to the patient.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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

- Written policies were in place.
- 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 service monitored the process for seeking consent appropriately.
- Staff we spoke with ensured that patients understood what was involved in the procedures for their treatment.

Are services caring?

Our findings

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

Staff treated patients with kindness, respect and compassion.

- Staff were sensitive to patients' personal, cultural, social and religious needs. We discussed positive examples of care provided to patients with specific needs, for instance, patients who were unable to read or write and people recently arrived from overseas.
- The service gave patients timely support and information.
- During our inspection we observed that members of staff were courteous and helpful.
- The provider carried out an ongoing survey based on the NHS Friends and Family Test which asks patients whether they would recommend the service to others. Results from this survey based on the last 12 months showed that 80% of patients who responded said they would be likely or extremely likely to recommend the service to others.

Involvement in decisions about care and treatment

Patients had access to information about many, though not all, of the clinicians working for the service. Staff helped patients be involved in decisions about their care and discussions took place with patients at the point of referral and throughout their treatments to support them to make the right decisions about care and treatment.

- We asked staff about facilities available to help patients be involved in decisions about their care where they may otherwise experience difficulties. Staff were aware of advocacy services available if needed. The service employed clinicians with a wide range of language skills and patients could request a GP with a particular language skill. If this request could not be accommodate, arrangements were in place to access an interpreter service.
- Staff were aware of how they could obtain accessible information for example, easy read or information for patients who were visually impaired although we were told that oral communication was preferred over written communication by most of the patients who used the service.

Privacy and Dignity

Patients using the service were seen in their own homes, places of work, hotels or other off-site locations. Clinical staff were aware of the need to ensure that the patient's privacy and confidentiality were maintained, for instance by requesting a private room when visiting patients at their place of work.

- The service ensured that all staff had received information governance training.
- The service had designed the mobile application used by clinical staff so that no confidential information was ever downloaded to the mobile device used.
- Clinicians accessing patient booking information, test results or other confidential information were required to complete a two-step authentication process every time this information was accessed.
- We noted that staff speaking with patients on the telephone were respectful of patient's confidentiality.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing a responsive service in accordance with the relevant

Regulations.

Responding to and meeting people's needs

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

- The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. Reasonable adjustments were made so that people with a disability could access and use services on an equal basis to others.
- The service offered a range of payment options to patients. Fees were clearly displayed on the service website. Patients were made aware of the required fees before treatment was commenced.
- Patients were routinely advised of the expected fee for the proposed treatment or consultation in advance of treatment being initiated.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone between 8am and 11pm every day, or at any time using the provider's website and mobile application.
- There was an efficient referral process and the service also had direct access to a list of specialist consultants for patient's referrals at local private hospitals throughout the areas in which the service operated.
- The service offered a range of clinical services which included private GP consultations, immunisations, travel vaccination and health screening.
- The service was able to operate an efficient pathology system where results for patient's blood tests were sent and received within a 24 hour timeframe through a private laboratory.
- The provider understood the needs of their population and tailored services in response to those needs. This included flexibility and longer appointments. Appointments were usually 25 minutes but could be extended, subject to additional costs which patients were made aware of.
- Every appointment could include consultations with other family members or discussions about multiple issues.
- The provider improved services where possible in response to unmet needs. For example, the provider had been proactive in identifying and responding to the needs of people whose lifestyles meant they were less able to access other care providers due to time constraints.
- Where services were not provided patients were made aware and signposted to their usual GP. For example, management of long-term conditions, substance misuse services or antenatal care.
- Although the provider made it clear that it did not provide an emergency response service, it had arrangements in place to have on-call support from a clinical psychiatrist and had developed close links with specialist crisis care professionals so that patients with acute needs could be directed to appropriate support in a timely manner.
- Patients could request a visit by male or female clinicians and could request to see the same doctor for repeat visits which meant that patients were able to experience continuity of care when this was important.
- The service had arrangements with a number of community pharmacists which meant that prescriptions could be sent directly to the pharmacy who would then organise to deliver the medicine to the patient.

Timely access to the service

Appointments were available between 8am and 11pm every day of the year, including all public holidays. We were told that the on average, appointments were available within 90 minutes of the patient accessing the service.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place for responding to them.

- Staff told us that they recorded all complaints, including written and verbal. The service had received and recorded three written and four verbal complaints in the last 12 months. We reviewed each of these and found they were handled in line with the provider's protocol. For instance, when a patient had complained about being overcharged, the service had reviewed the details of the consultation and found that a clinician had

Are services responsive to people's needs?

(for example, to feedback?)

inadvertently started the appointment before arriving at the patient's house. We saw that the Chief Medical Officer had contacted the patient and had explained the error and had offered a full apology. The excess charge had been refunded and the provider had given the patient a goodwill discount which could be redeemed against a future appointment.

- Information about how to make a complaint or raise concerns was available. A copy of the complaints procedure was displayed in the reception area which advised patients what to do if they wanted to raise a complaint.
- Staff told us that if there were any complaints these would be discussed at team meetings to identify any learning.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

- The organisation was overseen by a board of directors with clear overarching strategic responsibility and delegated operational responsibility that covered strategy plans, monitoring group performance, and overseeing risk. The board consisted of members with clinical expertise as well as non-clinical members with business and technology backgrounds.
- The board of directors was advised by a clinical advisory committee which consisted of internal and external advisors, including people who also held positions of seniority in clinical governance and medical education.
- The service was managed by a Chief Medical Officer and a non-clinical Chief Executive Officer, supported by a team of managers overseeing data management, operations, technology and marketing functions.
- 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.
- The Chief Medical Officer was knowledgeable about issues and priorities relating to the quality and future of the service. We found the senior management team were proactive in identifying challenges faced by the service and taking action to address those challenges. For example, the need to develop an effective, technology led learning environment to ensure field based clinical staff could access and share learning remotely at times which suited individual members of staff.
- There was a regular programme of combined work and social events, known as 'Doctor Mixers' where clinicians could meet in person to discuss their experiences of working in the mobile environment, share learning and receive and give peer support. Staff we spoke with told us these were valuable sessions which helped to maintain high morale.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- 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 through consultation with staff, investors, external partners and with patients through survey activity,
- Staff 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 service planned its services to meet the needs of its perceived target audience.
- The service monitored progress against delivery of the strategy.

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:

Are services well-led?

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

- 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 the services it delivered by sharing innovation and learning. For example, the service had developed social media channels for clinical staff in which staff could engage in learning conversations, as well as access important messages, alerts and safety information.

Governance arrangements

The service had an overarching governance framework:

- 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 corporate intranet system. We saw records which showed that there was a system to ensure that policies were reviewed regularly.
- 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

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 response times with a view to providing consultations within one hour of the patient making contact. The service responded to patient complaints by ensuring these were reviewed at senior management level and overseen at board level.

- The service had identified and planned against risks such as maintaining business resilience in light of technology failure, and had developed a contingency plan to divert patient contact through alternative platforms should any system fail.
- Risk assessments had been carried out in relation to the potential risks to staff inherent in lone working and visiting people in their own homes or other remote environments and had undertaker actions to mitigate these risks, for instance by ensuring that clinicians engaged a geo-positioning feature on their mobile devices.
- The service leadership had oversight of safety, alerts, incidents and complaints.
- Audit activity had been undertaken to support improvements in the quality of care.

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.

Engagement with patients, the public, staff and external partners

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

- The service had gathered feedback from patients through surveys and complaints received.
- 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

Are services well-led?

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

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.

- The service had carried out an anonymised staff survey to develop an understanding of whether staff felt engaged with the service's vision and strategy. We were told that this was being used to develop a forward plan for staff development to ensure they continued to feel motivated to deliver safe, effective and responsive care in a modern and entrepreneurial environment.
- All clinical staff had access to regular one to one meetings with the Chief Medical Officer and Clinical Directors.

Continuous improvement and innovation

The service was innovative in its development and use of emerging IT solutions to improve how patients could access primary care without the need to visit a GP surgery. The service had developed its own web and mobile applications which could be used to ensure that patient requests were matched with the clinician best suited to meet the patient's needs with regard to geographical location and individual preferences.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.