

Privategp.com Ltd (Private General Practice Services)

Inspection report

Beech House No. 3 Knighton Grange Road
Stoneygate
Leicester
LE2 2LF
Tel: 01162700373
www.privategp.com

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

Ratings

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

Overall summary

This service is rated as Good overall (The service was rated as requires improvement at our comprehensive inspection in June 2022).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at PrivateGP.com Ltd on 22 March 2023.

The service had been inspected in October 2021 and was placed into special measures and issued with warning notices. We returned to the practice in December 2021 and found that the service was compliant with the warning notices. That inspection was not rated.

The Care Quality Commission (CQC) undertook a further comprehensive inspection of the service in June 2022, and the service was rated as inadequate in the key question of safe and requires improvement for providing effective and well-led services. It was rated as good for caring and responsive services. The overall rating was requires improvement but the service remained in special measures due to the inadequate rating in the safe key question. Two warning notices and a requirement notice were issued. We returned to the service in October 2022 to review compliance with the two warning notices and we found that the service was compliant with these.

We placed conditions on the provider's CQC registration following the inspection in October 2022 to ensure that standards of record keeping were improved. We asked the provider to make improvements regarding the breaches in regulations, and to comply with the conditions that were imposed. We checked adherence to record keeping standards as part of this comprehensive inspection in March 2023 and found that significant improvements had been made.

All previous inspection reports can be found on our website at www.cqc.org.uk.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, at PrivateGP.com Ltd, we were only able to inspect the services which fall under the scope of CQC registration and the regulated activities.

The lead GP, who is also the Chief Executive Officer (CEO) and Medical Director, 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.

Overall summary

Our key findings were:

- We found that there had been significant improvements to ensure compliance with our regulations since our previous inspections. The service had undergone major changes which had become embedded into everyday practice to ensure sustainable improvements in patient care.
- The practice mostly ensured care and treatment was provided in a safe way to patients.
- Patients received effective care and treatment that met their needs.
- We found that the service was caring and compassionate with patients and we observed a range of positive comments received from patients.
- We found that the service was responsive and flexible to patients' needs.
- We found that the service had established effective governance and assurance processes.

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

- Continue to be mindful of safeguarding cases and report concerns to the local authority safeguarding team.
- Ensure costs are transparent, for example, when prices increase due to consultations times being extended, or requiring a lengthier report.
- The provider should complete a second cycle audit for antibiotic prescribing which had been planned for December 2022. They should also consider a future rolling audit programme for this.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service. In addition, the conditions that were previously placed on this provider's registration with the CQC have now been removed.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector, supported by a GP specialist adviser and a CQC pharmacist specialist.

Background to Privategp.com Ltd (Private General Practice Services)

PrivateGP.com Ltd is registered with the CQC to provide services from Beech House, 3 Knighton Grange Road, Stonegate, Leicester. LE2 2LF. The service has a website at www.privategp.com

PrivateGP.com Ltd provides an alternative means for patients to receive medical consultation, examination, diagnosis and treatment by general practitioners and medical and clinical specialists. It is an independent provider which offers private GP consultations and a wide range of specialist services including functional medicine, immunisations and vaccinations, bioidentical hormone replacement therapy, nutritional medicine, mental health services, occupational health assessments, and aesthetic procedures.

The service is delivered from a private residence. There is a reception and administrative office on the ground floor, with consulting rooms on the first floor. There is limited parking on site, but street parking is available on the road outside the practice.

The service is registered to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury, and services in slimming clinics.

The service is available to all age groups and does not require a clinical referral. Whilst most patients will be from the Leicestershire area, the service sees people from other parts of the country.

The service is led by a GP, who is the medical director and the Chief Executive Officer. Every day management is provided by an operations manager, with a support team of three administrative/reception staff. Some input is also provided on site by clinicians working on a contractual basis, rather than being direct employees. This includes an additional GP working for the service for one or two sessions a week, and another GP undertakes some occupational health assessments for the service. A clinical psychologist provides input for some patients and normally works on site once a week.

The opening hours are 8.30am – 5pm from Monday to Thursday, and 8.30am – 4.30pm on a Friday. Patients can access face-to-face, telephone and online consultations. Home visits can be arranged when deemed necessary, but this occurs rarely.

How we inspected this service

Throughout the COVID-19 pandemic, CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in line with all data protection and information governance requirements.

This included:

- Conducting interviews using video conferencing.
- Requesting evidence from the provider to be submitted electronically.
- A site visit which included a review of patients' notes and adherence to infection control standards.

To get to the heart of patients' experiences of care and treatment, we 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?

Are services safe?

At our previous comprehensive inspection in June 2022, we rated the service as inadequate for safe. This was because:

- Patients with safeguarding concerns were not being effectively reviewed, and not being discussed as a team, or with outside agencies.
- The provider was not always ensuring that patient records provided key information in summary notes, and not all entries were clear with regards to who had undertaken specific tasks.
- We saw examples of letters that had been received from other health care professionals that had been filed without appropriate follow up actions being completed.
- The provider was not identifying significant events or near misses to maximise learning opportunities and subsequent improvements.

When we inspected the practice in March 2023, we found that:

- There was mostly a clear process to identify and monitor safeguarding concerns, and the provider liaised with other providers and agencies when safeguarding concerns were known.
- There was an effective system to record significant events and near misses and to use these as learning opportunities to improve patient care and minimise occurrences.
- Standards of record keeping had greatly improved and demonstrated safe care was being provided.

The service is therefore now rated as good for providing safe services.

Safety systems and processes

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

- The service had developed systems to safeguard children and vulnerable persons from abuse. Safeguarding registers were maintained and vulnerable children and adults had an alert placed on their records.
- We saw that the reviews of safeguarding patients took place on an ongoing basis.
- Safeguarding concerns were discussed at internal staff meetings. In addition, we saw that liaison with external providers (such as the patient's registered NHS GP), and other appropriate providers/agencies took place to discuss safeguarding concerns when this was deemed as appropriate. Links had been made with the safeguarding team at the local Integrated Commissioning Board to ensure best practice.
- We reviewed one potential safeguarding matter in more detail. The provider had liaised with the patient's NHS GP and consultant and obtained some assurance, although we felt that a safeguarding referral was required to the local authority. However, when this was reviewed by the safeguarding authority, it was concluded that no further action was indicated.
- There were comprehensive policies available for child and adult safeguarding which were accessible to staff, and they outlined clearly who to go to for further guidance. These had been ratified by external agencies and covered all relevant areas pertinent to safeguarding.
- We saw that the provider ensured that all necessary recruitment checks were completed and maintained on file as evidence. The service also undertook a similar process for their contracted clinicians to ensure they could provide evidence including professional registration, up to date training and appraisal, and ID checks. This was then updated via an annual renewal of Practising Privileges with a signed declaration from the contractor.
- Disclosure and Barring Service (DBS) checks were undertaken on appointment (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). DBS clearance was also checked for contracted professionals.

Infection Prevention and Control

Are services safe?

Appropriate standards of cleanliness and hygiene were met.

- The service had made significant improvements to the environment since our initial inspection, to ensure compliance with infection control standards. The operations manager was the designated infection control lead. Practice infection control policies were available. Consumable equipment was all found to be in date and we observed effective systems were in place to monitor expiry dates of all consumables within the practice.
- Infection prevention and control audits were undertaken and any issues that were identified were actioned appropriately.
- Clinical waste was being managed safely, and waste consignment notes were available for inspection. We observed a clean and well-maintained environment appropriate to deliver patient care during our inspection in March 2023.
- Cleaning schedules were being documented. In addition, the operations manager met regularly with the cleaning contractor and they also undertook joint site inspections to ensure ongoing compliance with standards.
- The premises had been risk assessed for Legionella, and a programme of water testing was in place and records were kept verifying this.
- We saw evidence that staff and contractors' immunisation status had been checked in accordance with national guidance. Documented evidence was available to support this.

Health & Safety

The practice had clear systems, practices and processes to keep people safe.

- The provider ensured that equipment was safe, and that it was maintained according to manufacturers' instructions. We saw evidence that all medical equipment had been calibrated in the last 12 months and all electrical equipment had been subject to portable appliance testing (PAT). PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.
- The provider carried out environmental and safety risk assessments, including fire and health and safety checks. A fire risk assessment for the site was completed in January 2022, with a further risk assessment having been undertaken in March 2023. However, the latest report had not been received at the time of our inspection. The January 2022 risk assessment had resulted in a comprehensive action plan. We saw the provider had worked to address the actions identified. There had been a recent fire drill on site, and staff had completed fire training.
- Health and safety 'walkarounds' took place monthly. Any actions identified were noted and completed as soon as possible.
- Signage to indicate where oxygen cylinders were stored was in place. There was access to oxygen in all three clinical rooms and we observed that the tanks were full.

Risks to patients

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

- There were arrangements for planning and monitoring the number of staff needed.
- There was an effective induction system tailored to the staff member's role.
- The service did not use agency staff to cover clinical sessions.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff knew how to identify and manage patients with severe infections, for example sepsis, and had completed training to support this.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. There were defibrillator pads available for adults and children.

Are services safe?

- There was a failsafe system in place to check that all cervical screening checks sent to pathology for analysis had results reported back to the service.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment.

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

- At our previous inspections in 2021 and 2022, we found that individual care records were not written and managed in a way that kept patients safe. We applied conditions to the provider's registration with the CQC to ensure that an externally appointed doctor undertook monthly audits of patient records to monitor that improvements were made. At this inspection in 2023, we saw that the standards of patient documentation had significantly improved. This included care plans and the use of comprehensive consent forms.
- We saw examples of letters received from other health care professionals that had been followed up with actions being completed.
- Since our previous inspection, the service had implemented clear systems for sharing information with the patients' registered GP. This would be potentially important, for example, for GPs to be aware of any unlicensed medicines that were prescribed and may influence their own clinical decision making.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- Systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment were in place to minimise risks. Monthly checks were in place for all medicines and vaccines expiry dates and these were effective and well-managed. Appropriate risk assessments were in place for recommended emergency medicines that were not kept in stock.
- The service kept prescription stationery securely and monitored its use.
- Patients were given information about their medicines. Detailed consent forms were in place for patients to complete prior to prescription of unlicensed medicines.
- At our inspection in June 2022 we saw that information about the treatment provided by the service was not routinely shared with the patient's NHS GP. On this inspection, we saw that patients received a summary of the consultation notes and were encouraged to share this with their GP. The service also shared information directly with the GP when treatment was commenced for a fee. An audit was carried out by the service in December 2022 and found good compliance with this.
- Patient Group Directions (medicines which can be given without a prescription for specific groups of people) were not being used when we visited in March 2023, as there was no nurse in post. PGDs were available and we were informed that these would be reviewed in advance of any future appointment of a nurse.
- The procedure for dispensing medicines within the service was appropriate with two signatures being recorded for all medicines dispensed as a safety check. Patient names or patient IDs were recorded in the dispensing book, ensuring patients could be easily traced if a medicines recall alert were to be issued.
- We had previously raised concerns about the oversight of clinicians working on a contractual basis for the service and found that this issue had been effectively addressed via an ongoing audit process.
- The service provided Bioidentical Hormone Replacement Therapy. Some of the medicines this service prescribed were unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines,

Are services safe?

because unlicensed medicines may not have been assessed for safety, quality, and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE). NICE Guidance states that clinicians must explain to women that the efficacy and safety of unregulated compounded bioidentical hormones are unknown. Patients completed a comprehensive consent form which explained the medicines were unlicensed and the possible effects these could have upon the patient.

Track record on safety and incidents

- Risk assessments in relation to safety issues were available.
- The service took appropriate action for patient safety alerts received via the Independent Doctors' Federation. These were logged, shared with team members, and discussed at governance meetings when it was appropriate to do so. However, we saw that the service had not received a recent patient safety alert about a medicine prescribed by the GPs at the practice. We raised this on inspection and immediate action was taken to ensure all alerts were received.

Lessons learned and improvements made.

The service learned and made improvements when things went wrong.

- The practice had a significant event policy.
- A system for recording and acting on significant events had been introduced since our previous inspection. All incidents, near misses and other issues such as audit findings, were reported via the significant event system. These were logged and outcomes were recorded. We saw that the incidents were discussed with the team to share and promote learning.
- The provider was aware of and complied with the requirements of the Duty of Candour, and we saw evidence when this had been applied. The provider encouraged a culture of openness and honesty.

Are services effective?

At our previous comprehensive inspection in June 2022, we rated the service as requires improvement for effective. This was because:

- Whilst the use of comprehensive consent forms had been greatly improved, these included reference to a statement absolving the prescriber of any issues that may arise from the prescribed medicines. This was not in line with the principles of prescribing.
- There was limited evidence that clinical audit was being used to drive improvements, or that there was an established programme of quality improvement.
- Staff training was incomplete.

When we inspected the practice in March 2023, we found that:

- Consent forms were in place, including detailed consent forms for patients to complete prior to issuing prescriptions for unlicensed medicines. The forms were more detailed and explained any side effects, and the evidence behind the use of the unlicensed medicines. The consent form has been changed to state that the doctor took responsibility for the prescribing in response to our concerns regarding the previously used statement which absolved the prescriber.
- There was a programme of audit and this was being used to drive improvements.
- Staff training was up to date.

The service is therefore now rated as good for providing effective services.

Effective needs assessment, care and treatment

We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- There were systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.
- On the last inspection, the service was prescribing longer courses of antibiotics than what was recommended by NICE guidance for the treatment of Lyme disease. On this inspection, we saw patients were not being prescribed long term antibiotics for this condition. However, the service had not audited prescribing since our last visit.
- Templates to support functional and unlicensed medicine consultations and prescribing had been developed in the clinical system to ensure all necessary information was documented.
- Patients' immediate and ongoing needs were assessed. Information was available on the service website prior to them accessing the service.
- Arrangements were in place to deal with patients who required any follow up. This could be a telephone consultation, or if they needed to be seen, they were given an appointment at the next scheduled clinic.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service told us they used information about care and treatment to make improvements and had developed a scheduled forward programme of clinical audit, to improve the quality of care and outcomes for patients.

Are services effective?

- We saw evidence of audits being completed for the consultations and prescribing decisions undertaken by clinicians working within the service. Any issues identified were escalated with the prescriber and learning points were shared. Audits included, for example, all patients receiving appropriate information regarding NHS GP communication where relevant (12 patients); transcription of incoming results, consultant letters transcribed to the records (11/12 patients had information transcribed).
- A summary care records audit was completed in July 2022: 71 patients were reviewed, 92% had social history appended, 85% had past medical history appropriately recorded, 77% included medication history, 100% had their NHS GP recorded on their record. Actions were recorded and there was a plan to undertake a second cycle audit in December 2022, although this had not been completed at the time of our inspection.
- There had been no recent antibiotic audit, with the last one being completed in December 2021.
- Unlicensed biohormone replacement therapy consent forms were audited between July 2022 and January 2023. A total of 46 patients were reviewed, 80% had consent forms signed, and a further 10% were either no longer required or awaiting return from the patient.
- There had been an audit of cervical smears taken within the service.
- External records audits had been undertaken since our previous inspection in line with the conditions imposed upon the provider's registration and this had resulted in a marked improvement in record keeping.

Effective staffing

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

- Evidence of the qualifications stated in applications, were checked as part of the recruitment process. The provider had an induction programme for all newly appointed staff.
- Clinicians were registered with their appropriate regulatory body, for example the General Medical Council (GMC), and were up to date with revalidation.
- The provider understood the learning needs of staff and told us staff were provided with protected time and training to meet them. Records of skills and training were maintained, and up to date.
- There were less professionals working on a contractual basis since the previous inspection. Those who did, were being overseen effectively by the lead GP.

Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- Before providing treatment, doctors at the service tried to ensure they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Patients were asked for consent to share details of their consultation, and any medicines prescribed (including antidepressant and unlicensed medicines) or test results, with their registered GP when they used the service. We saw evidence of letters sent to patients' registered GPs in line with GMC guidance.
- Letters received from other health care professionals were managed appropriately with actions being followed up.

Supporting patients to live healthier lives.

Staff were consistent in supporting patients to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. This was incorporated into patient consultations.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Are services effective?

Consent to care and treatment

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

- Procedures to obtain and record consent had significantly improved. A range of comprehensive consent forms had been introduced to cover all procedures where consent was required including the prescribing of unlicensed medicines.
- Consent was requested from patients to communicate with their registered NHS GP. This included details of any unlicensed medicines that were prescribed. When patients did not consent, this was documented and the patient was provided with a copy of their consultation notes and advised they should share these with their own GP.
- We were told that where appropriate, staff assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Patients were asked to complete feedback forms to provide feedback on their experience of using the service and the quality of care received.
- Feedback from patients was mostly positive about the way staff treated them. The service provided us with examples of patient feedback which they had received, all of which were complimentary.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- We were told that interpretation services were available for patients who did not have English as a first language.
- The service had recently undertaken a survey to assess patient experience. There were 41 respondents and all patients said that their condition was fully explained to them; that the clinician answered all their questions; and that the next steps in their treatment were discussed.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect, and staff had completed equality and diversity training.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Privacy screens were available for the three consulting rooms.

Are services responsive to people's needs?

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The service understood the needs of their patients and delivered services in response to those needs.
- The premises were within a residential property and offered a welcoming and calm environment for patients to attend.
- There were steps into the building although we were informed a ramp was available, however access would still be problematic by wheelchair and electric scooter. Consultations took place on the first floor, and these were only accessible by stairs, although a small downstairs room had been developed for basic interventions such as taking blood since our previous inspection. The provider was aware of the limitations posed by the residential nature of the premises and was considering alternative premises.
- A patient had made a suggestion about the way in which patients were informed of the regime of supplements, for example, when they should be taken. This was considered a helpful and useful tool to support the doctor in consultations with patients to develop a personalised programme. The service was considering how they would do this, demonstrating a positive approach in responding to patient feedback.
- The recent appointment of a male GP offered patients choice in requesting to see either a male or female GP.

Timely access to the service

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

- The service opened from 8.30am until 5pm Monday to Thursday, and from 8.30am to 4.30pm on Friday.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Appointments were set at a minimum length of 15 minutes, but the appointment length was flexible depending on the individual's need and personal requirements.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that they were able to access care promptly and their preferred type of appointment was offered (face-to-face or remote). Home visits could be arranged for those patients who were unable to attend the practice.
- Referrals were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously. Complaints were used to improve the quality of care.

- Seven complaints had been received in the last 12 months. The service had developed a complaints log to ensure easy tracking and to aid any analysis.
- Information about how to make a complaint or raise concerns was available. There was a written complaints procedure which reflected national guidance.
- We reviewed a sample of patient complaints. We saw these were handled sympathetically and were responded to promptly. If patients were not satisfied by the service's response to their complaint, they were provided with details of how to escalate their concerns to an independent mediation adjudication resolution service.
- We saw some complaints related to charges being above expectations.
- The service told us that they learnt lessons from individual concerns and complaints. We saw evidence that these were discussed with staff at meetings and that changes were made as and when necessary to improve patient experience.

Are services well-led?

At our previous comprehensive inspection in June 2022, we rated the service as requires improvement for well-led. This was because:

- Governance arrangements had improved significantly, but these needed time to become embedded and some actions were still in progress.
- The provider was unable to provide assurances that externally contracted clinicians were working competently with effective oversight of their work.
- There was no external representation at Board level to ensure an independent perspective was available.

When we inspected the practice in March 2023, we found that:

- There were established governance processes in place to provide assurance on the quality of care.
- Systems to provide assurances of externally contracted clinicians had been established.
- The provider was looking at options for the future which would provide sustainability and ensure stronger accountability at Board level.

The service is therefore now rated as good for providing well-led services.

Leadership capacity and capability

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

- We saw evidence of planning for the future, and discussions were ongoing with another local independent health provider regarding potential developments.
- Leaders had more awareness and understanding of issues and priorities relating to the quality and governance of services. There were improved oversight and assurance of clinical processes in place, allowing for emerging risk to be identified and subsequently addressed.
- Leaders were visible and approachable. The operations manager focused on the daily management of non-clinical issues and the site, allowing the lead GP capacity to focus on clinical matters.
- The lead GP was a member of the Independent Doctors Federation (IDF) which is a designated body with its own Responsible Officer. This organisation provided the GPs with a regular appraisal and support with revalidation.

Vision and strategy

The service had a clear vision and strategy reflected in the promotion of 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff felt respected, supported and valued.
- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

- We saw that there was a whistleblowing policy and procedure in place, and this was accessible to staff.
- All employed staff had received an appraisal in the previous year, and GPs participated in the GP appraisal programme.
- The GP had undertaken a 360° appraisal to assess feedback from patients and colleagues. This provided an outline of performance and whilst results were positive, this helped to highlight some areas to help improve overall performance in the future.
- There were positive relationships between staff and teams. Staff told us they worked together as a team to support each other.

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.
- Regular meetings were held with the team to discuss operational matters, review incidents and complaints, and discuss relevant matters about safeguarding. There were systems to share best practice and information such as safety alerts with relevant clinicians.
- Leaders had established policies and procedures to ensure safety. These had been reviewed and were accurate, and up to date. They were readily accessible on the practice's intranet.
- Information was stored in organised electronic files to ensure information could be easily retrieved.
- Staff were clear on their roles and accountabilities.

Managing risks, issues and performance

There was clarity around processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- Performance of clinical staff (including contractors) could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Clinical audit was active. The service could demonstrate the positive impact on quality of care and outcomes for patients.
- The provider had plans in place to respond to major incidents.

Appropriate and accurate information

The service had appropriate and accurate information.

- The service sought and reviewed patient feedback. We were provided with copies of recent patient feedback forms to evidence this.
- The information used to monitor performance and the delivery of quality care was appropriate.
- The service told us they submitted data or notifications to external organisations as required.
- Effective arrangements were operational 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

Are services well-led?

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

- The service encouraged and heard views and concerns from the public, patients, and staff acted on them to shape services and culture.
- Staff meetings took place on a regular basis. Due to the small size of the team, any urgent or important issues could be dealt with at the time.
- Staff surveys had been undertaken and results were discussed with the team. Any areas where improvements could be made as a result of staff feedback were considered.
- The service provided useful information about the service for patients on their website.

Continuous improvement and innovation

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

- The service reviewed incidents and complaints. They also used audit to help drive improvements.