

# Daleswood Health

## Inspection report

Barn House  
Barston Lane, Barston  
Solihull  
West Midlands  
B92 0JJ  
Tel: 01675 489489  
[www.daleswoodhealth.co.uk](http://www.daleswoodhealth.co.uk)

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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?

Good 

Are services well-led?

Good 

# Overall summary

This service is rated as **Good** overall. (Previous inspection January 2018, no rating required)

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 Daleswood Health on 15 May 2019 as part of our inspection programme to rate independent health providers.

Daleswood Health is an independent provider of general medical services to adults and children at their location in Barston, Solihull. Services are provided to patients who choose to access the services as an adjunct to the NHS services for which they are registered.

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 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Daleswood Health services are provided to patients under arrangements made by their employer or a government department or an insurance company with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Daleswood Health we were only able to inspect the services which are not arranged for patients by their employers or a government department or an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

One of the Directors 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.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients

prior to our inspection. We received 20 comment cards, which were all very complimentary about the standard of service delivery, which was said to be excellent. The GPs were praised for their caring, efficient and professional approach and patients appreciated the ease with which they could make appointments and have tests, often on the same day.

## Our key findings were:

- Standard appointments were 20 minutes long, but this could be flexed to suit patients' requirements.
- There was rapid access to many investigations on the premises. Results were often available on the same day or the following day.
- Allied healthcare professionals worked at the premises, thus offering a 'one stop shop' for patients.
- There was limited evidence of quality assurance activities to monitor the quality of services provided. Clinical audits were not carried out.
- There was an infection prevention and control (IPC) policy, but an IPC audit had not been carried out in the last 12 months.
- There were systems for the management of medicines and vaccinations, but the service had not risk assessed the range of emergency medicines stocked (with the exception of oxygen) to mitigate the risks associated with procedures which were carried out.
- The service had a mole mapping machine.
- Free health information evenings were scheduled once a month. Local consultants gave talks on topics such as mental health issues, arthritis and men's health.
- A doctor led a regular phone-in session on Solihull radio.
- Staff showed awareness of current evidence based guidance and had received up to date training to enable them to deliver effective care and treatment.
- There was a clear leadership structure. Staff told us that they felt supported by the management team.
- Information about how to lodge a complaint was available.
- Services and fees were clearly displayed.
- The service proactively encouraged feedback from staff and patients and acted on the results.

We saw the following outstanding practice:

- Doctors provided exceptional support to patients, often visiting them in hospital.

# Overall summary

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

- Review the supply of emergency medicines to mitigate the risks associated with procedures which are carried out.
- Reinstate regular IPC audits.
- Review how the provider ensures that patients receive the right care and treatment in the absence of regular clinical audits carried out as part of its quality assurance activities.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief  
Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who was supported by a GP specialist advisor.

## Background to Daleswood Health

Daleswood Health is an independent provider of GP services located in the village of Barston, near Solihull in the West Midlands. There are currently 1797 patients. The service was registered in May 2016 and delivers the following Regulated Activities: diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The service moved to Barn House in April 2017. The building has two floors, the side entrance door is appropriate for wheelchair access and leads directly into the reception area. There are three consulting rooms on the ground floor; the first floor contains an administrative office area which is also used as a staff room and meeting room and a consulting room for use by the chiropodist.

There are car parking spaces at the front of the building for patient use with additional parking available and access down the side of the building for staff. The service is near to the railway station, Birmingham International Airport and the West Midlands motorway network. Bus routes are nearby.

The service has two doctors (one male, one female) who own the business. They are supported by a business manager, an administrator and a receptionist. Daleswood Health hosts a variety of other services, for example, physiotherapy, cognitive behavioural therapy, podiatry, nutrition and a consultant surgeons.

The service is open from 8am until 8pm from Monday to Friday and from 9am until 1pm on Saturdays. Appointments are also available outside of these hours by prior arrangement.

Daleswood Health is not required to provide an out of hours service. Patients who need medical assistance outside core opening hours are advised to contact the service's telephone number, which is available 24/7. Alternatively, patients can contact NHS 111 or go to A&E if the problem is urgent.

Full details of the services provided are available on the Daleswood Health website at [daleswoodhealth.co.uk](http://daleswoodhealth.co.uk).

### How we inspected this service

Before the inspection we reviewed the information submitted by the provider about the services available at Daleswood Health.

During the inspection we spoke with a range of staff, reviewed documents, including medical records, and comment cards where patients had shared their views and experiences of the service.

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?

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

# Are services safe?

## We rated safe as Good because:

**Daleswood Health demonstrated that they provided services for patients in a manner that ensured patients' and staff safety.**

### Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. It was the service's policy that all staff had 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a policy for infection prevention and control (IPC), but we noted that an IPC audit had not been carried out in the last 12 months. (At the time of the last inspection in January 2018, monthly IPC audits were being carried out.)
- The provider ensured that facilities and equipment were safe and we saw that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

- The provider carried out appropriate environmental risk assessments, including the control of Legionella, which took into account the profile of people using the service and those who may be accompanying them. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted that risk assessments were last reviewed in February 2019.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Non-clinical staff were able to describe how to identify and manage patients with severe infections, although they had not had specific training.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. Both doctors had current medical indemnity policies.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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 ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Safe and appropriate use of medicines

# Are services safe?

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised most risks.
- We noted that atropine (a medicine used to treat bradycardia) was not stocked, although coil fittings were carried out. The service had a risk assessment for emergency equipment, but this did not include an assessment of emergency medicines stocked (with the exception of oxygen) to mitigate the risks associated with procedures which were carried out. The risk assessment stated that they did not expect to see any emergency cases, because they did not provide a 'walk-in' service. They acknowledged that an emergency situation might develop unexpectedly, so they had made provision for some enhanced basic life support. Oxygen was not kept on the premises, but was included in the risk assessment which mitigated against any risk. Controlled drugs were not kept on the premises. The service provided evidence after the inspection to show that atropine was now stocked.
- The service kept prescription stationery securely and monitored its use.
- Both doctors also worked as locums in local GP practices, so they were aware of best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

- There was a system for verifying the identity of patients including children.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## **Lessons learned and improvements made**

### **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff were able to explain the system for reporting incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. No incidents were reported in the last 12 months, but staff were able to tell us how the service would learn and share lessons, identify themes and take appropriate action to improve safety in the service.
- 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 for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. There was an effective mechanism to disseminate alerts to all members of the team including locum doctors.

# Are services effective?

## We rated effective as Good because:

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

### Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

**The service was not actively involved in quality improvement activity.**

- Quality improvement activities were limited to analyses of patient and staff feedback. The doctors explained that clinical audits were not carried out because of the low numbers of patients, which would have resulted in limited scope for statistical analysis.

### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The doctors were registered with the General Medical Council (GMC).
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, NHS secondary care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines' history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Doctors had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

## Supporting patients to live healthier lives

**Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, staff signposted 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 .**

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



# Are services caring?

## **We rated caring as Good because:**

We found that the service was providing care for patients in a compassionate and supportive manner. Patients' needs were always respected and doctors involved them in decisions about their treatment options.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The strapline on the home page of the website stated that the service cared for patients all year round, providing a traditional service, which gave patients greater control over their health in the knowledge that they would get to see the doctor of their choice when they needed.
- Feedback from patients was positive about the way staff treated people. Posts on social media highlighted the caring, kind and professional staff.
- We heard how the doctors went over and above to support patients. For example, a doctor went to a hospital to give support to a patient who had needed an urgent scan. It was usual for the doctors to visit any patient who was admitted to hospital.
- There was a telephone number for patients to ring at any time. Doctors would often respond late in the evening if messages were received then.

- 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.**

- Staff told us that no patients had needed interpretation services, but that they knew how to arrange this if necessary.
- Patients told us through comment cards that 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.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- There was a notice in reception and in the patient information folder advising patients that a private room was available if required.
- A radio programme was playing in reception, which helped to preserve confidentiality at the reception desk.

# Are services responsive to people's needs?

## We rated responsive as Good because:

We found that Daleswood Health staff were responsive to patients' needs and fully equipped to deliver services.

### 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 understood the needs of their patients and improved services in response to those needs. For example, the online booking system was introduced two months before our inspection.
- The service had a mole mapping machine, which was more convenient for patients.
- Free health information evenings were scheduled once a month. Local consultants gave talks on topics such as mental health issues, arthritis and men's health in 2018. The schedule for 2019 included talks on diabetes, weight management and moles and sun damage.
- Additional services were hosted at the premises. For example, podiatry, physiotherapy, optician, autism assessment, and child clinical psychology. Consultants provided satellite sessions, including ear, nose and throat and orthopaedics.
- Flu immunisations were given on location to the staff at the school for the deaf.
- The facilities and premises were appropriate for the services delivered. Hot and cold drinks were available in reception for patients.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. We were told that many tests could be carried out on the same day as the initial appointment and that results were often available that day.
- 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 the appointment system was easy to use. Patients usually had appointments on the same day of their request and appointments could be accommodated at short notice.
- Referrals and transfers to other services were undertaken in a timely way. Referrals were made to NHS hospitals (including two week wait referrals) and further specialist care could be provided at private hospitals in the area.

### Listening and learning from concerns and complaints

#### The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

The service had a complaints policy, which was included in the patient information folder in reception. No complaints had been received in the last 12 months, but staff explained the system for learning lessons from individual concerns, complaints and from analysis of potential trends.

# Are services well-led?

## We rated well-led as Good because:

Daleswood Health was well organised and had a range of clear policies and procedures. All staff shared the vision to promote a high-quality service with the focus on continuity of care.

## Leadership capacity and capability:

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Business development was discussed at business and Board meetings.

## Vision and strategy

### The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. We were told that the vision had always been to create a more personalised approach to general practice and to provide a flexible, high quality service with complete continuity of care. The service aimed to provide an holistic approach to healthcare with a focus on preventative medicine and the overall health and wellbeing of patients.
- The service had a strategy and supporting business plans to achieve priorities. We were told that the objective was to develop a health clinic with access to private general practice as well as allied health care professions such as chiropractic care, physiotherapy, osteopathy, acupuncture and sports massage, counselling and psychotherapy. The strategic plan included short term, medium term and long-term goals to achieve the objective of integrating services to provide a comprehensive community clinic.
- The service developed its vision, values and strategy jointly with staff.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## Culture

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

- Staff told us that they felt respected, supported and that their contribution was valued.
- The service had a patient centred ethos.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and had confidence that these would be addressed when they did so.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. We saw that the doctors carried out the annual staff appraisals.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff commented on the strong working relationship in the team.

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. We noted that there were regular business and board meetings, which had set agendas and were formally documented. Allied healthcare professionals who provided hosted services on the premises were invited to attend separate associate members' meetings.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

# Are services well-led?

- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were available to all staff.

## Managing risks, issues and performance

### **There were processes for managing risks, issues and performance.**

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. The doctors had oversight of safety alerts, incidents, and complaints, which were standing items on the agendas of business meetings.
- The provider had plans in place and had trained staff for major incidents. We saw that the comprehensive Business Continuity Plan was reviewed annually. It included the staff contingency plan, telephone cascade process as well as electronic and utility failure plans.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. All patient medical records were stored electronically.

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

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, online booking was now available.
- The service carried out an in-house patient satisfaction survey from November 2017 to January 2018. 20 questionnaires were distributed and returned. All 20 respondents rated the service excellent and would recommend it to family and friends.
- There was a notice in reception which said that suggestions were welcomed.
- Staff explained the systems for patients to give feedback. For example, feedback cards were available in reception for patients to write comments.
- Staff were able to give feedback on an informal basis or at the regular meetings.
- The service actively engaged in the local community by taking part in events such as the village fête and sponsoring a school cricket team's tour.
- Two occupational podcasts about flu immunisations were done for schools, one for staff and one for children. The podcasts covered all aspects of flu from the disease itself, the signs and symptoms, how it is spread, to the importance of getting the flu immunisation. These podcasts were translated into sign language by a local school for the deaf for their children.

## Continuous innovation

### **There was evidence of systems and processes for continuous improvement and innovation.**

- The service was continually looking at ways to diversify and innovate. For example, a doctor had a diploma in occupational health and was planning how best to use this. The service was in discussion with a local health and fitness club with a view to promoting healthy lifestyle advice for their clients.
- The service 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.