The Cedars Surgery (Improved Access Hub)

Inspection report

26-28 Swanley Centre
Swanley
BR8 7AH
Tel: 01474543090
Website: None

Date of inspection visit: 18 February to 20 February 2020
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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.

This was the first time that this service had been inspected and rated.

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 The Cedars Surgery (Improved Access Hub) as part of our inspection programme from 18 to 20 February 2020.

The service is provided by DGS Health Ltd, which delivers additional GP services to patients who are registered with GP practices within the NHS Dartford, Gravesham and Swanley Clinical Commissioning Group (CCG) area. The Cedars Surgery (Improved Access Hub) provides an improved access service only. The improved access service gives patients the choice of accessing GP services at a place that is not their own GP practice and at times when their own GP may or may not be open.

Other services run by DGS Health Ltd from their head office and other hubs include: a paramedic home visiting service; a home visiting service plus (to care homes); and a wound care service. DGS Health Ltd also employ and supervise Clinical Pharmacists who work at and support local GP practices.

DGS Health Ltd is operated from a head office based at the Fleet Health Campus, Fleet Health Centre, Vale Road, Northfleet, Gravesend, Kent, DA11 8BZ.

Our key findings were:

•The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.

•The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment were delivered according to evidence-based guidelines.

•Staff involved and treated people with compassion, kindness, dignity and respect.

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

•There was a strong focus on continuous learning, improvement and innovation at all levels of the organisation.

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

•Create a service website.

•Continue to implement plans for audits of antimicrobial prescribing and other appropriate medicines audits.

•Senior management should consider increasing their visibility and accessibility to all staff.

•Monitor that revised induction guidelines are being followed consistently across all hubs.

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. The team included three further CQC inspectors, a medicines inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to The Cedars Surgery (Improved Access Hub)

The Cedars Surgery (Improved Access Hub) is one of seven locations registered by the provider DGS Health Ltd. DGS Health Ltd is an independent limited company which is a GP federation delivering primary healthcare services to patients registered at any of the 28 GP practices in the NHS Dartford, Gravesham and Swanley Clinical Commissioning Group (DGS CCG) area (approximately 275,000 patients). All of the practices are members of the federation. DGS Health Ltd holds a contract with DGS CCG to provide improved access GP services. The organisation also holds contracts with DGS CCG to provide locally a home visiting service and a home visiting service plus (to patients in residential homes). They also provide a wound care service. The CCG contracts for wound care services are currently held by GP practices. However, some practices choose to subcontract the wound care for their patients to the DGS Health Ltd wound care service. They also employ clinical pharmacists who work in local GP surgeries on behalf of some local Primary Care Networks (PCNs).

DGS Health Ltd is an organisation that was established in 2014 by all the local GP practices working together. The current contract for the improved access services was commenced in May 2019, the service having previously been delivered by another organisation with some support from DGS Health Ltd. Appointments must be booked through the patients' own GP practice. The service provides mainly 'on the day' acute GP services for both children and adults with 50% of appointments being bookable one day in advance and 50% on the day of the appointment. GP practices are made aware of which issues or conditions are not ideally suited to be managed in a hub setting. For example, immunisation services are not provided, nor is the issuing of repeat prescriptions, or sick notes.

This report focuses on the inspection of the registered hub location The Cedars Surgery (Improved Access Hub) which operates the following service: Improved access service.

The registered location The Cedars Surgery (Improved Access Hub) operates from the following address: The Cedars Surgery 26-28, Swanley Centre, Swanley, BR8 7AH.

It is located within the GP practice The Cedars Surgery which holds its own registration with CQC for providing core GP services and has been inspected and rated separately by CQC.

DGS Health Ltd operate and administer all the services that they provide from their head office in Northfleet, Kent and also provide services from the following registered locations:

•Ivy Bower Surgery (Improved Access Hub), 7 Ivy Bower Close, Greenhithe, Kent, DA9 9NF.

Provides an improved access service.

•Temple Hill Surgery (Improved Access Hub), St. Edmunds Road, Dartford, Kent, DA1 5ND.

Provides an improved access service.

•The Gateway Medical Practice, Fleet Health Centre, Vale Road, Northfleet, Gravesend, Kent, DA11 8BZ. Provides a wound care service.

•The Oaks Surgery (Improved Access Hub), Nightingale Way, Swanley, Kent, BR8 7UP.

Provides an improved access service and a wound care service.

•White Horse Surgery (Improved Access Hub), Fleet Health Centre, Vale Road, Northfleet, Gravesend, Kent, DA11 8BZ. Provides an improved access service.

DGS Health Ltd have registered the following location but have not yet provided services there:

•Swanscombe Health Centre (Improved Access Hub), Southfleet Road, Swanscombe, Kent, DA10 0BF.

All DGS Health Ltd hub locations are registered to provide the following regulated activities:

•Diagnostic and screening procedures.

•Treatment of disease, disorder or injury.

All these locations were visited during this inspection but are the subject of separate reports.

DGS Health Ltd hosts the telephone call and administrative centres for:

•The improved access service.

•The paramedic led home visiting service.

•The nurse led home visiting service plus (a residential home visiting service).

•The wound care service.

•The Clinical Pharmacist Service.

From their head office at Fleet Health Centre, Vale Road, Northfleet, Gravesend, Kent, DA11 8BZ.

Opening times at The Cedars Surgery (Improved Access Hub) are: Tuesday and Wednesday 1pm to 8pm, as well as Saturday 10am to 4pm.

Opening times at the other hub locations are:

•Ivy Bower Surgery (Improved Access Hub) – Saturday 9am to 1pm.

•Temple Hill Surgery (Improved Access Hub) – Monday to Friday 1pm to 8pm.

•The Gateway Medical Practice – Monday to Friday 8.30am to 5.30pm (wound care service only).

•The Oaks Surgery (Improved Access Hub) – Monday 9am to 6.30pm. Wound care services are also offered here on Monday, Wednesday and Friday 8.30am to 5.30pm.

•White Horse Surgery (Improved Access Hub) – Monday to Saturday 9am to 8pm, as well as Sunday 9am to 2pm.

Some additional Improved access hub appointments are occasionally made available. GP practices are made aware in advance when this occurs.

The home visiting service and home visiting service plus are available from 8.30 am to 5,30pm and are booked by patients' own GP practices.

The service does not have a website although some information regarding the improved access service is available on the host practices' websites.

How we inspected this service

Prior to the inspection we contacted the commissioners of the service, NHS DGS CCG about the service. We also gathered and reviewed information and statutory notifications that CQC hold, and reviewed information that the providers sent to CQC.

During the inspection we observed the running of the services and spoke with board level directors, service leads, site managers and a range of staff employed by the service. We reviewed a range of provider documents and policies. We also reviewed feedback from patients as obtained from survey results and comment cards.

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?

•Is it well-led?

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

Good

Are services safe?

We rated Safe as Good because:

People were protected from avoidable harm and abuse. This included having clearly defined and embedded systems and processes to keep staff and patients safe.

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 safety policies, including health and safety policies, which were regularly reviewed and communicated to staff including locums. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- We looked at clinical records and saw that clinicians recorded who it was that was accompanying a child during consultations.
- The service worked with other agencies to support patients and protect them from neglect and abuse. For example, they liaised with the patient's GP where appropriate. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Executive and administrative staff, paramedics, nurses and advanced nurse practitioners, health care assistants (HCAs) and clinical pharmacists were employed by DGS Health Ltd directly. They had recruited them appropriately and carried out all the necessary pre-employment checks. GPs were employed through a single locum agency. The locum agency carried out all the relevant pre-employment checks on the clinicians. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). Reception staff were employed by the host practice as part of a service level agreement that provided DGS Health Ltd with assurances that they were appropriately recruited and trained for the role. The hubs including The Cedars Surgery (Improved Access Hub) was visited a minimum of three monthly by members of the DGS Health Ltd management team to carry out infection prevention and control checks. However, staff at some hubs told us that they had not yet met members of the management team.
- 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 an effective system to manage infection prevention and control as well as systems for safely managing healthcare waste. There was a service level agreement between GDS Health and the host practices that the hosts would manage this. We saw that an infection prevention and control audit had been carried out at The Cedars Surgery (Improved Access Hub) and actions arising from it had been completed. Additionally, infection prevention and control assessments of the rooms used by the service were carried out every three months.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. DGS Health Ltd provided standard diagnostic equipment for staff to use. Records showed that DGS Health Ltd had agreements with the host practices including The Cedars Surgery (Improved Access Hub) to provide safe facilities. For example, through the carrying out of appropriate environmental risk assessments such as legionella risk assessments as well as implementing actions to address identified risks.

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. GPs working for the improved access service were sourced through a single locum agency and the service used a bank of between 50 and 60 different GPs on a regular basis. Priority was given to GPs who worked at practices in the DGS CCG area. DGS Health Ltd and the locum agency had devised a system whereby GPs wanting to work for them did not join the agency directly but joined via a link which they were sent in an email. This ensured that they were linked to the DGS Health Ltd service platform and only offered work with their service. This was an innovation that was now being used elsewhere across the country.

Good

Are services safe?

Nine practices held complex wound care contracts and commissioned services from DGS Health. An advanced nurse practitioner also worked at The Cedars Surgery (Improved Access Hub) for DGS Health Ltd. The service operated a rota and demand tracker to help ensure that staff leave was planned, and they could manage seasonal demand. They had developed bank staff to support service provision of all the additional services they managed at busy times and periods of staff shortages. Staff appointed to the bank were subject to the appropriate human resources and DBS checks and undertook a full induction.

- The service was in the process of recruiting advanced nurse practitioner staff to their locum bank to extend cover within the improved access service
- There was an induction system for agency staff tailored to their role. GPs that we spoke with described their thorough induction and we saw examples of completed induction sheets. Staff received an initial induction in to the service at head office and then a local induction each time they worked at a hub for the first time. At all the hubs including The Cedars Surgery (Improved Access Hub) the GP had to arrive 45 minutes early for their local induction.
- Whilst it was clear on interviewing staff that all inductions were carried out, we could not be sure that all local hub inductions that took place were fully recorded. We also identified some inconsistencies in interpretation between hubs that were clarified by the service immediately and the forms changed. We saw evidence that the changes were immediately emailed to all hub managers.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff understood the information readily available to them on how to identify and manage patients with severe infections, for example sepsis, and had completed training appropriate to their role.
- When appropriate, clinicians referred patients for further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff, the provider assessed and monitored the impact on safety.
- DGS Health Ltd had 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.

- Staff accessed patients' medical records directly through the provider's information technology (IT) system. There were two systems in use by practices in the DGS CCG. All practices were either using the original system, in the process of transitioning from one to the other or had moved to the new system. DGS Health Ltd had purchased additional software that allowed staff to access patient records and write directly in to both systems. The service had direct access to medical records from both systems and recorded consultations in all records (except the practices that were currently transitioning from one to the other). In these cases, the referring GPs had to fill out a template with all the relevant information about the patient, including the medical history and medicines, and email it to the service. Patients' medical records were written and managed in a way that helped to keep patients safe. The 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 help enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. This included urgent two-week referrals which were strictly monitored and audited on a three-monthly cycle. The audit was of two-week referrals from all Improved Access Hubs operated by the provider and checked that the process was being followed through, was robust and no referrals had been missed by GP practices.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, minimised risks. The home visiting service did not carry medical gases or medicines in their vehicles. The service used prescription stationery supplied by the host practice. At The Cedars Surgery (Improved Access Hub) we saw they were kept securely, and their use was monitored.

Good

Are services safe?

- The services did not stock or administer vaccines and did not stock controlled drugs.
- The service did follow best practice guidelines for safe prescribing.
- All prescriptions were issued by medical or nurse prescribers.
- Patients seen by the paramedic visiting service were discussed between the visiting clinician and the patient's GP and any appropriate prescription was issued by the patient's GP.
- The service did not stock any medicines. Emergency medicines were provided by the host surgery as part of the service level agreement. They were regularly checked by the host practices. At The Cedars Surgery (Improved Access Hub) all of the emergency medicines and equipment that we expected to see were present, were regularly checked and were in date.

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.
- There was a system for receiving and acting on safety alerts.

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 understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong, this included risk rating all the significant events. They had not had any serious incidents but recorded 31 significant events across all the improved access hubs provided by DGS Health Ltd between June 2019 and this inspection. All significant events were discussed at senior level and shared across all services run by DGS Health Ltd. The service learned, shared lessons, identified themes and acted to improve safety in the service. For example, at one of the hubs a patient had been booked in to an evening appointment at an improved access hub by their practice, twelve hours earlier. When seen by the hub clinician, they immediately called the emergency ambulance and the patient was taken directly to the high-risk area of the local accident and emergency department with a serious acute condition. We saw that this was immediately raised as a significant event and an email was sent to all DGS CCG GP practices with appropriate guidance on safety netting attached and a reminder that staff should always record symptoms and a reason for attending when booking a hub appointment.
- DGS Health Ltd was aware of, and complied with, the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents

- The service gave affected people reasonable support, truthful information and a verbal and/or written apology.
- They kept written records of verbal interactions as well as written correspondence if appropriate.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had systems for knowing about notifiable safety incidents. The service had an effective mechanism to disseminate alerts to all members of the team including sessional and agency staff. This included emailing their personal NHS accounts and emailing the hubs so that hard copies could be left on the desks for GPs and laminated and put on a noticeboard when appropriate.

Good

Are services effective?

We rated effective as Good because:

People had good outcomes because they received effective care and treatment that met their needs.

Effective needs assessment, care and treatment

The provider had systems to help 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. National and local guidelines were available via documents and links on the service's shared computer drive.

•Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.

•The improved access and home visiting services followed strict criteria when accepting patients from GP surgeries. The referring surgeries triaged the patients before referring them to the service.

•Clinicians had enough information to make or confirm a diagnosis. If further investigations were organised (blood tests) the results were sent directly to the patient's own GP. If other tests were recommended, then the recommendations were included in the records sent to the GP for them to action if they agreed with the recommendation.

•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 actively involved in quality improvement activity.

•The service used information about care and treatment to make improvements. DGS Health Ltd made improvements through the use of a programme of completed audits. There was an audit protocol. Audits were typically undertaken at the head office and spanned all hub sites.

•The service audited the clinicians' record keeping from ten patient records per month across the improved access service which included The Cedars Surgery (Improved Access Hub). They looked at individual antibiotic prescribing and other prescribing within these records but had not yet carried out a full audit of antimicrobial prescribing or other prescribing audits. However, following the inspection we saw evidence that DGS Health Ltd had added planned audits of antimicrobial prescribing and other medicines audits to their audit plans for 2020/2021.

•Clinical audit had a positive impact on quality of care and outcomes for patients.

•As an organisation, there we saw clear evidence of action taken by DGS Health Ltd to resolve concerns and improve quality across the services.

•All directly employed clinical staff across all services received monthly one to one meetings with their manager. There was also regular clinical supervision for all clinical staff. Employed clinical staff signed a supervision contract in conjunction with their supervisor which described the supervision process. All locum GPs were aware that their record keeping would be subject to audit.

•The leads for the paramedic led home visiting service, nurse led home visiting service plus and the wound care service had just started being supervised by an external supervisor who had a senior clinical leadership role in the local NHS Trust Hospital

•The commissioners NHS Dartford, Gravesham and Swanley Clinical Commissioning Group (DGS CCG) had monthly quality review meetings with the provider.

•Practices in the DGS CCG were encouraged to feed back any concerns to the DGS Health Ltd.

The service had a contract with DGS CCG which ran from 01 May 2019 to 31 July 2020 to provide 45 minutes per 1,000 patients of improved access GP services for patients in the CCG area per week. It had been running from 01 January 2019 and for the first four months had been run by another service that DGS Health Ltd had supported. DGS Health Ltd made several changes to the improved access service when they took it over in May 2019. These changes helped to steadily improve outcomes over the period from May 2019 to January 2020 and are outlined below.

The provider faced significant challenges in providing data for its commissioners. This was because all the practices in

the DGS CCG area were using one information technology (IT) system but were undergoing a phased transition to a new IT system. This led to issues in extracting the data that they required and as a consequence, DGS Health Ltd extracted what data they could and recorded the rest manually. In October 2019 DGS Health Ltd employed a data analyst to use a powerful software package to analyse the data they had extracted. This included data collected from all the hubs including The Cedars Surgery (Improved Access Hub) with the aim of monitoring performance, look at outcomes and help target services effectively for the whole service.

Improved access service:

Unverified data from the provider and shared with their commissioners showed the combined performance figures across all five active improved access hubs.

The data showed that throughout the contract the service was expected to provide 836 hours of improved access appointments per month for the duration of the contract. In May 2019 at the start of the contract they provided 713.5 hours which was 85% of the target. The general trajectory in subsequent months was upwards with small dips in August 2019 and October 2019 of 95% and 94% of target respectively. In November 2019 and December 2019 the target was met and exceeded (100% and 103% of target respectively).

Total numbers of appointments available to be booked per month increased from 2429 in May 2019 to 3064 in December 2019.

The percentage of appointments used increased from 70% in May 2019 to 96% in December 2019.

Thirty-five point one minutes of appointment times per 1000 of the population was achieved in May 2019. This had risen to 46.3 minutes of appointment times per 1000 of the population in December 2019. The target was 45 minutes of appointment time per 1000 population.

The number of patients who did not attend booked appointments was 6% in July 2019 to 10.4% in December 2019.

Each appointment was 15 minutes long. All figures were for DGS Health Ltd. When DGS Health Ltd took over they made changes to the way they staffed and organised the hubs. They secured more GPs through a (nationally recognised) agency, gave priority to local GPs and used between 50 and 60 different GPs regularly across all improved access hubs. They also used an advanced nurse practitioner who was employed by one of the hosting practices. They analysed the amount of clinical catch up and administration time that was built in. They reduced catch up time and used that time for additional appointments.

The percentage of patients that did not attend (DNA) a booked appointment was higher than the provider or commissioner would like but was a worst-case scenario since, if a GP forgets to click the patient in when they start an appointment, they will be recorded as a DNA. Further auditing was being carried out to verify the validity of the DNA figures.

The service also reported the number of patients seen from each practice in the DGS CCG area. At the time of the inspection there were no quotas as the appointments were not fully utilised.

Data on the effectiveness of the other services run by DGS Health Ltd described in the background of this report, has been reported on in the report on the White Horse Surgery (Improved Access Hub).

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. New staff were appraised at one month, three months and six months. Staff had one to one meetings with their line manager monthly. There were monthly protected training afternoons, regular supervision, annual appraisal to identify individual learning needs and a statutory and mandatory training programme.

•All reception staff at the hub were given a hub reception staff information pack which contained all the information they required to carry out the role safely and effectively. This included contact numbers for the on-call manager so that there was access to appropriate support at all times that the hub was open.

•GPs received a hub GP induction pack. They were given an initial induction at head office prior to commencing work at the service. They were then given a further thorough induction by the reception staff when attending the hub for the first time. We saw examples of completed signed induction forms.

Good

Are services effective?

•All relevant professionals who worked for DGS Health Ltd (medical, nursing, paramedic and pharmacist) were registered with the General Medical Council (GMC), Nursing and Midwifery Council (NMC), Health Care Professions Council (HCPC) and the General Pharmaceutical Council (GPhC) as appropriate and all were up to date with revalidation. Registered staff working at The Cedars Surgery (Improved Access Service) were GPs and an advanced nurse practitioner.

•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, given opportunities to develop and had personal development plans. There was a centralised record of training for all staff, which was monitored constantly. All staff were aware of their training needs and when training was due. Staff had access to online training where appropriate.

•DGS Health Ltd had agreements with the hub host practice that allowed them access to the staff records of reception staff employed by the practice that worked in the hub. They visited the host practice three monthly and assured themselves that relevant staff training was up to date.

•The provider supported staff through one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how they ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

•There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and 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. If transitioning between the old and new IT systems, GP practices whose patients visited the improved access service received an email with the consultation record to be scanned by them in to the patient's record. If on the existing system or fully transitioned to the new system, they received an email to inform them of the patient's visit and the record was recorded directly in to the patient's notes. There was an effective system for referring patients directly under the urgent two-week wait scheme. Routine clinical referrals were recommended by the hub doctors in the patient's records, but the referral had to be made by the patient's own GP.

•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. If they were unable to access appropriate results, the improved access hub GPs sometimes had to refer the patient back to their own GP either because the referral was inappropriate or to help ensure continuity of care. The service tried to avoid this by providing practices in the DGS CCG area with a list of situations and conditions where the patient would be better managed by their own GP rather than making them an appointment with the improved access service.

•Patient information was shared appropriately (this included when patients were referred 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. Patient's GPs were made aware when they 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 redirected them to the appropriate service for their needs.

Consent to care and treatment

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

•Staff understood the requirements of legislation and guidance when considering consent and decision making.

Good

Are services effective?

•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.

Good

Are services caring?

We rated caring as Good because:

Patients were treated with, kindness, respect, compassion and dignity and were involved in decisions about her care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received from each of the services that they provided. The feedback about each service was analysed separately, fed back to service staff and acted upon.
- The service recruited staff in line with their 'we care' values and looked for those qualities in applicants.
- Feedback from patients was positive about the way staff treated people.
- 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. All services provided by DGS Health Ltd worked with a local social action charity that supported independence and reduction in social isolation for some of the most vulnerable in the local community. A member of the home visiting team had shadowed charity staff and was able to offer advice and onward referral to the services and resources provided by them. We saw an example where the team member had supported a patient who was distressed when they received an unexpected care bill.

Involvement in decisions about care and treatment

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

- Telephone interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats if required, to help patients be involved in decisions about their care.
- If appropriate, for patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand. For example, communication aids and easy read materials were available.
- We received feedback from thirty patients through comment cards about The Cedars Surgery (Improved Access Hub) and all were positive about the service considering staff helpful, caring, thorough and friendly and the service excellent, very good, safe and hygienic. Patients felt listened to. Across the whole Improved access service CQC received 66 comment cards. Sixty-five were positive about the service and one negative.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private area to discuss their needs. In practice this was unnecessary as appointments were pre-booked and took place in private rooms. Patients were treated with respect and dignity.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The service responded to people's needs, provided timely access to the service and learnt from concerns and complaints.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, DGS Health Ltd repeatedly analysed how they could increase the number of improved access appointments that they could provide to patients across all hubs.
- The provider engaged with commissioners to secure improvements to services where these were identified
- The facilities and premises at The Cedars Surgery (Improved Access Hub) were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the services were sited in a health centre with good wheelchair access including a lift. There was a hearing loop available at reception and there were disabled toilet facilities as well as baby changing facilities.

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 appointments, diagnosis and treatment. Some appointments could be booked the day before and some on the day.
- Appointments were available at The Cedars Surgery (Improved Access Hub) on Tuesday and Wednesday 1pm to 8pm, as well as Saturday 10am to 4pm.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use. Patients booked appointments directly via their own GP practice. Cancellations could also be made via their GP or through the DGS Health Ltd number.
- Referrals and transfers to other services if required were undertaken in a timely way.
- The service did not see walk-in patients. However, if a patient walked in to the hub without an appointment they may have been able to offer an un-booked appointment, depending on the circumstances, but would be able to direct them to an appropriate service. Reception staff were aware of the symptoms and signs of significant illness.

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 for patients about the service and how to make a complaint or raise concerns was available in a file in the waiting room. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. DGS Health Ltd recorded complaints for all the improved access hubs and services that they ran and reviewed them at the same meetings. This was so that the service as a whole could learn from any issues raised. There had been three complaints that were received across the whole service in the last ten months. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- 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 learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The provider was aware of and had systems to help ensure compliance with the requirements of the duty of candour and we saw examples of this.

Good

Are services well-led?

We rated well-led as Good because:

The leadership, governance and culture were effective and supported the delivery of high-quality person-centred care.

The provider DGS Health Ltd had seven registered locations. This inspection was for one of the hub locations which delivered extended access services: The Cedars Surgery (Improved Access Hub). The organisational structure of DGS Health Ltd was that there was a single overarching governance and leadership structure spanning across the organisation. This covered policies and procedures, recruitment, training and development and infection control amongst others. Staff feedback obtained supporting this section refers to interviews of staff undertaken at the head office, The Cedars Surgery (Improved Access Hub) and other DGS Health Ltd registered location inspections. All the inspections took place during the same time period. Some staff worked across the organisation and hub locations, others worked at specific hubs.

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. For example, the organisation had been commissioned to provide an improved access service for patients registered at GP practices in the DGS CCG. It had previously been run by an organisation that DGS Health Ltd had been working with. The leadership team developed and launched the new service over the period of January to April 2019 taking over the contract in May 2019. The leadership team had also developed and provided a wound care service, a paramedic led home visiting service and a nurse and paramedic led home visiting plus service (to care homes). The services were available to all the GPs in the DGS CCG area. Additionally, they employed and supervised clinical pharmacists for primary care networks (small groups of GP practices) who then worked at GP practices in the DGS CCG area.
- They had regular board meetings at which operational and strategic issues were discussed. They also had regular meetings with the commissioners, NHS Dartford, Gravesham and Swanley Clinical Commissioning Group (DGS CCG), to discuss their plans and feedback performance data.
- Leaders at all levels were visible and approachable to directly employed staff. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. There were monthly meetings at headquarters (HQ) which board members attended. The HQ team were encouraged to feedback issues, challenges and concerns to the executive team. Members of the leadership team visited The Cedars Surgery (Improved Access Hub) and other hubs every three months to carry out infection control checks. However, some staff across the hubs told us that they had not yet met senior leadership members, the service told us at the end of the inspection that they were intending to increase the frequency of hub visits by senior managers, so that they would become more accessible to all hub staff.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. There was a three-year strategic plan available (2018 to 2021) which had been revised in 2019. This was underpinned by an action plan. Delivery and progress were measured against the strategy and action plan. This was regularly reviewed, and the strategy revised where appropriate.
- Where appropriate, leadership plans were shared with staff.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. There was a strong emphasis on quality and sustainability.
- The service shared their vision, values and strategy with external partners (DGS CCG).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The practice held monthly staff meetings led by members of the leadership team at which staff were informed of future plans, felt comfortable to feedback and were listened to.

Good

Are services well-led?

- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They told us that they were proud to work for the service. All aspects of the service had 100% staff retention.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values. When recruiting staff these were taken in to account when looking at applications and during interviews.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to help ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included supervision, monthly one to one meetings with their line managers, appraisals and career development conversations and plans. The service had registered with CQC in April 2019 and commenced regulated activities in May 2019. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team and potential leaders. All staff were encouraged to develop ideas for the service. GPs were kept informed of updates in policy, guidance and findings from significant events and complaints by email. Important messages were printed out and left on the desk for them to see as well.
- There was a strong emphasis on the safety and well-being of all staff. All staff were made aware of the location of panic buttons when having their induction.
- 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.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of the organisation and working arrangements with other stakeholders promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- There were dedicated leads for each of the services.
- Leaders had established proper policies, procedures and activities to help ensure safety and assured themselves that they were operating as intended. All policies and procedures were readily available to all staff on a shared computer drive.
- There were service level agreements in place between DGS Health Ltd and this service.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans to manage major incidents and staff had received relevant training .

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to help 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. DGS Health Ltd held monthly meetings of a monthly CQRG (Clinical Quality Review Group) which

consisted of the chief nurse and service leads. This used to be a reflective group mainly for learning, but had a new remit to look at quality, patient experience, patient safety and patient effectiveness. Individual cases were looked at during these meetings and additional staff members involved in their care would be invited.

- There were weekly operations meetings involving the chief nurse, service leads and other staff depending on what was being discussed. Other meetings included monthly team meetings attended by team leaders and their teams. Administrative team meetings occurred on monthly protected learning afternoons.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service 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.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems available for patients to give feedback. For example, the service rang patients up after they used the service to gather feedback about the service. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff, for example through team meetings and one to one discussions. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service had developed a 'patient power' group and were due to hold their first meeting in March 2020.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- 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.
- The service was constantly looking for opportunities to improve the skill sets of their staff. Paramedics, advanced nurse practitioners, nurses, HCAs and clinical pharmacists were all supported by DGS Health Ltd with protected time and training costs to increase the depth and breadth of their skills. This would benefit both the patients, the service and the individual clinicians.
- The service attempted to resolve challenges with innovative thinking. For instance, they had employed a data analyst and bought specialist software so that they could working on take manually collected data and transform it in to useful data to allow them to look at outcomes and target services in the future.
- They had invested in a variety of information technology (IT) solutions used in other non-healthcare areas of business and community to overcome challenges.