Daleswood Health Ltd

Daleswood Health

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 30 January 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

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

This service has not previously been inspected by CQC.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- The service had only experienced one unintended or unexpected safety incident, but staff told us what they would do in the event of an incident and there were policies and procedures in place to support this. These detailed the actions that would be taken in the event to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were effective recruitment processes in place and all members of staff had received a Disclosure and Barring Service check (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 who acted as a chaperone were trained to carry out this role and had a DBS check in place.
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- There were various risk assessments in place which included a risk assessment for the control of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All members of staff were suitably trained to carry out their roles.
- There was evidence of appraisals, induction processes and personal development plans for all staff. The GPs continued to undertake NHS GP sessions as locums which enabled them to keep their clinical practice up to date.
- The practice ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient.
- Healthy lifestyle advice and screening was available and there was a nutritionist available on site.

Are services caring?

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

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available to them and fees was easy to understand and accessible. A schedule of fees was provided to all patients.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff had received training in confidentiality and the Mental Capacity Act.

Are services responsive to people's needs?

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

Summary of findings

- Patients said they found it easy to make an appointment with a GP and that there was continuity of care. The practice also provided home visits for patients who required them.
- The practice offered telephone consultations and home visits when required.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- The practice offered pre-consultations to patients prior to receiving services such as travel medicine. Fees were also explained to patients as part of this process.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. The practice business plan was reviewed on an annual basis.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held monthly governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- Staff told us they had received comprehensive induction and training programmes.
- The practice proactively sought feedback from staff and patients via the provider patient survey and through meetings and discussions.

Daleswood Health

Detailed findings

Background to this inspection

The inspection was carried out on 30 January 2018. Our inspection team was led by a CQC Lead Inspector who was supported by a GP Specialist Advisor and a second inspector.

Prior to the inspection we had asked for information from the provider regarding the service they provide.

We carried out an announced inspection on 30 January 2018. During our visit we:

- Spoke with a range of staff including, two GPs, the administrator and business manager
- Reviewed the personal care or treatment records of patients.
- Reviewed 18 comment cards where patients and members of the public 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.

Background

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

Daleswood Health is an independent provider of GP services and provides these services to approximately 400 patients in and around Solihull in the West Midlands.

The service was initially registered in May 2016 and began operating from its current location in April 2017. It is based in a converted and refurbished building, in the village of Barston. The building has two floors and there are car parking spaces directly in front of the building for patient use with additional parking available and access down the side of the building, for staff.

The ground floor is level throughout and the side entrance door is appropriate for wheelchair access and leads directly into the waiting and reception areas. There are three consulting rooms on the ground floor. The first floor is solely for administrative purposes. On the ground floor, there are two toilets for patient use (one with full disabled access and facilities off the reception area, the second is directly off one of the consulting rooms), a waiting area and a reception. On the first floor, there is office and meeting space which is used for administration and staff purposes, there is also a toilet and small kitchen area for staff use.

Daleswood Health is situated on an easily accessible road in Barston, near to Solihull in the West Midlands. There are several main public transport routes to the service, it is close to motorway links and there is a railway station nearby.

The service comprises of two GPs, who have joint overall management of the practice, they are supported by a business manager and an administrator. A number of other services are available at the location including physiotherapy, cognitive behavioural therapy, a podiatrist, a nutritionist and a consultant plastic surgeon.

The service is open from 8am until 8pm Monday to Friday with appointments available on Saturdays between 9am

Detailed findings

and 1pm, if required. Longer appointments are offered to patients of between 20 to 30 minutes which are available throughout the daytime or evening, or at weekends. A range of services and treatments are available for example:

- Private GP consultations – a flexible service that provides continuity of care which does not replace the NHS GP services but aims to work alongside and compliment it.
- Treating acute medical and long term conditions.
- Annual or Family Healthcare plans - individual and family plans are offered including six or 12 GP Consultations per year an annual health screen, additional telephone or email consultations, an annual flu vaccine and discounts with specific private consultants. Home Care plan – which offers a bespoke service usually home, visits every two or four weeks to keep a check on the patient, review any healthcare needs or changes and reduce the risk of a hospital admission.
- The service offers vaccinations including
- Chickenpox
- Hepatitis B
- HPV (Gardasil)
- Influenza (Flu)
- Meningitis B
- Meningitis ACWY
- MMR
- Pneumococcal
- Shingles
- Health Screening – is offered which includes a set of tests that are relevant to everyone. This can then be personalised with additional tests to meet an individual patients requirements. The tests included
- Health and Lifestyle Questionnaire
- Doctors Consultation
- Height and Weight
- BMI
- Blood Pressure
- Body Fat Percentage
- Blood Test for Diabetes
- Cholesterol Test and Analysis
- Cardiovascular Risk Assessment
- Personalised Report

One of the GPs 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.

The practice is not required to offer an out of hours service. Patients who need medical assistance out of corporate operating hours are requested to seek assistance from the provider by telephone or email or alternative services such as the NHS 111 telephone service or accident and emergency. This is detailed on the practice website and its patient information guide.

As part of our inspection we reviewed 18 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service. All of the 18 comment cards we received were positive about the service experienced. Patients said the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments also told us that the environment was calm, safe, clean and spacious. Patients told us they received information to help them make informed decisions about their care and treatment.

Our key findings were:

- There was an effective system in place for reporting and recording significant events.
- Information about services and how to complain was available and easy to understand. There had been no complaints recorded since the start of the service but the policies indicated what the process would be and staff were able to explain this.
- Risks to patients were always assessed and well managed.
- The practice held a central register accessible by all staff, of policies and procedures which were in place to govern activity.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated as individuals, with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Detailed findings

- The practice had good well maintained facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively encouraged feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There are approximately 400 patients currently registered with average numbers of patients across all age ranges.

Are services safe?

Our findings

Safety systems and processes

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the business manager or administrator of any incidents or significant events and there was a recording form available on the practice's computer system. Staff told us significant events were included on the agenda for practice meetings, held twice each month where all staff attended. We saw evidence of a serious incident reporting policy.
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was responsible for safeguarding. This GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff we spoke with demonstrated they understood their responsibilities and all had received training relevant to their role. All staff had received safeguarding training for both adults and children to appropriate levels to their role. We saw evidence that staff had received training in the Mental Capacity Act (MCA) 2005.
- The service had a risk assessment in place for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There were procedures in place for the prevention of Legionella which included flushing of all water outlets and cleaning and de-scaling of taps on a regular basis. We saw evidence of records which were signed as per the policy to show these procedures had been carried out.
- The service had an effective system in place for the collection of pathology samples such as blood and urine. The practice used the services of an accredited laboratory which provided a daily collection service from the practice for all samples. Pathology results were provided the next day and in some cases on the day to ensure patients received their results in a timely manner.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw evidence of chaperone training certificates during our inspection. A chaperone policy was in place.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- The service had an appointed infection control lead. All staff including the infection control lead had received infection control training appropriate to their role. The practice had an infection control policy in place which was available on the practice intranet. We saw evidence that monthly infection control audits were undertaken for each consulting room and all other areas of the premises. We saw evidence that action was taken to address any improvements identified as a result. Hand sanitizing gels were available on the reception desk and in all patient areas for patients and staff use.
- Suitable processes were in place for the storage, handling and collection of clinical waste. Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit. The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.

Risks to patients

The provider had adequate arrangements in place to respond to emergencies and major incidents. Risks to patients were always assessed and well managed.

- All staff received annual basic life support training and there were emergency medicines available. The service held a record of required training and refresher dates.
- The practice had a defibrillator available on the premises. We saw evidence that this equipment was checked by the practice staff on a weekly basis to ensure

it was fit for purpose. We saw signed records to show this equipment had been checked. A first aid kit was located on the ground floor and an accident book was available.

- There were notices on display in each consulting room which gave clear instructions on actions to be taken in the event of an emergency such as an adult or child choking, basic life support instructions and the location of the automatic emergency defibrillator (AED). There was no oxygen on the premises however the service had undertaken a risk assessment and had a plan in place to mitigate any risk.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This plan included arrangements to be taken in the event of major disruptions to the service in the event of adverse weather conditions. The practice held emergency contact numbers for all members of staff. A copy of the plan was available electronically off site.
- We saw evidence of medical indemnity insurance for both GPs. They were both registered with the General Medical Council (GMC).
- The practice maintained appropriate standards of cleanliness and hygiene. During our inspection we conducted a tour of the premises which included consulting rooms and patient areas. We observed the premises to be visibly clean and tidy. There was a process in place to ensure a cleaning and monitoring checklist was completed and signed on a weekly basis for each area of the premises which included all consulting rooms and patient areas.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a comprehensive health and safety policy in place and was accessible to all members of staff electronically. We observed that this policy was in date. There was a poster on the ground floor which identified local health and safety representatives.
- All members of staff had received up to date health and safety training.
- The practice had adequate fire safety equipment in place and all equipment had been serviced on a regular basis. The practice had an up to date fire risk assessment in place and the last annual inspection had taken place in April 2017. A fire action plan was on display informing patients and staff what to do in the event of a fire. All staff had received fire safety training. Fire doors were clearly identified and were free from obstruction; staff told us that regular fire drills were carried out. The last fire drill had taken place on 8 January 2018. We saw evidence that the fire alarm system was tested on a weekly basis.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The majority of the equipment was less than 12 months old however, we saw evidence of certification that showed all electrical and clinical items had been checked by an accredited external contractor and an ongoing contract was in place. We saw that all electrical items had been checked and the next test was due to take place in April 2018. All clinical items had been calibrated and a five year electrical installation test had been carried out on the premises in April 2017.
- The practice held a risk register which contained numerous risk assessments such as manual handling, infection control, health and safety and COSHH. (Control of Substances Hazardous to Health). We also saw evidence that COSHH data sheets were held on file for all substances held in the practice.
- All staff were required to complete a workstation and display screen equipment assessment on a regular basis. The last risk assessments were carried out in April 2017.

Information to deliver safe care and treatment

The service used a clinical system to store patient notes and record consultations. We saw that staff ensured that systems and computer screens were locked if they were away from their desk. The GPs followed General Medical Council(GMC) and National Institute for Health and Care Excellence (NICE) guidance during consultations

Safe and appropriate use of medicines

During our inspection we looked at the systems in place for managing medicines. Medicines were stored appropriately in the practice and there was a clear audit trail for the ordering, receipt and disposal of medicines. There were processes in place to ensure that the medicines were safe to administer and supply to patients.

Are services safe?

- The practice did not hold a stock of prescription forms. All prescriptions were issued on a private basis and were computer generated and printed individually by the GP during consultation. The GPs had visited local pharmacies to introduce themselves and to show examples of their specific prescriptions to make the pharmacists and staff aware.
- We observed that all staff followed information governance and security procedures at all times, computer screens were locked when staff left their work area.
- The practice carried out audits of medicines and vaccinations. We saw evidence that a weekly stock check was carried out on all vaccinations and to ensure they were within their expiry date.
- During our inspection we observed that all vaccinations and immunisations were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place (cold chain is the maintenance of refrigerated temperatures for vaccines).

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

- There had been one unexpected or unintended safety incident where there had been a power failure. We saw that the incident had been fully investigated and appropriate action taken to deal with the fridge temperatures. The incident was documented and discussed at the next practice meeting. As there had only been one incident we spoke to staff about safety and reporting and they could explain what would constitute an incident and what actions they would take.
- There was a system in place for keeping written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

- The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Test results were received by secure email to the provider and patients informed of the results in a timely manner. Referrals were made to secondary care clinicians either privately or on the NHS.
- The GPs took linked, secure, portable IT equipment on home visits to enable them to update records immediately and record could be shared with other healthcare professionals if required.

Monitoring care and treatment

- The provider had undertaken a cervical cytology audit and of the five samples taken, all were adequate.
- Patients' care and treatment were closely monitored and those on health care plans had scheduled appointments over the term of the plan which could be flexible if more urgent treatment was required.

Effective staffing

- There was adequate staffing levels in place to meet the demands of the service, staff we spoke with told us that levels of cover were adequate. The two GPs managed the service and did not use locums. Staff were also supported by the business manager and administrator.
- All members of staff had received a Disclosure and Barring Service check (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.
- There were effective recruitment and training policies in place, we saw evidence during our inspection that these policies had been adhered to in relation to a new member of staff who had recently been employed. We saw evidence of a whistleblowing policy and all staff we spoke with understood this policy.
- The service had a programme of training for all staff. All members of staff were suitably trained to carry out their roles. Training records showed that staff had received all training considered mandatory by the provider. Staff told us they valued the training provided to them.
- The learning needs of staff were identified through a system of appraisals; we saw evidence that all staff had received an appraisal within the last 12 months by the lead GP. All staff had a continual professional development record held on their personnel file which recorded details of all training undertaken such as basic life support, fire safety, infection control and customer care.
- The lead GP had received an appraisal in January 2018 and revalidation was due in 2021.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's electronic patient record system. This included care assessments, medical records, investigation and test results.
- The provider ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient. Due to restrictions in communication links with NHS stakeholders, the provider did not have access to a full medical history from medical or hospital records and relied solely on the patient offering their history freely during a consultation.
- The GPs worked together as a team, drawing on the areas that they held a specialist interest in for example, womens health, to meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. The provider made referrals to other independent or private sector services and could refer to NHS services.
- Information sharing was restricted between out-of-hours (OOH) services and the provider due to the NHS inability to record an independent healthcare provider as a patient's primary GP service. The provider told us if a patient attended an OOH service or accident and emergency departments, the patient was responsible for advising them that a consultation had occurred and for providing documentation relating to the consultation.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

- The provider would share care plans with the patient's NHS GP if consent was given. We were told of an instance where there was joint management but the patients predominant long term condition was managed by the NHS GP with good communication with the provider.
- Healthy lifestyle advice and screening was available and there was a nutritionist available on site.

Consent to care and treatment

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

- Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The practice had a comprehensive consent policy in place. Patients were required to sign a written consent form.
- The lead GP told us that any treatment including fees was fully explained prior to the procedure and that people then made informed decisions about their care.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- The provider offered external interpreter services as an additional method to ensure that patients understood the information provided to them prior to treatment.
- The provider offered full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments. We saw evidence of a schedule of fees displayed in the patient waiting room, in the practice welcome pack and also on the practice website. The lead GP told us that fees were explained to patients prior to consent for procedures and was discussed as part of the pre-consultation process. This process ensured patients had a 'cooling off' period before attending for an appointment or commencing treatment.

Are services caring?

Our findings

Kindness, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Involvement in decisions about care and treatment

Patient feedback on the 18 comment cards we received told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All staff had received training in confidentiality. Staff we spoke with understood the importance of confidentiality and the need for speaking with patients in private when discussing services they required. All staff had signed a confidentiality agreement.
- Chaperones were available if requested or alternatively patients could re book their appointment if they wished to see a female GP.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- Access to the practice was suitable for disabled persons. Patient toilet facilities were on the ground floor.
- The reception desk was of a lower level suitable for patients in wheelchairs. The reception desk was located in the patient waiting room. Incoming telephone calls were dealt with at the reception desk but the waiting area was sufficient distance away to ensure privacy and confidentiality for patients.
- There was a comprehensive practice information guide which included arrangements for dealing with complaints, arrangements for respecting dignity and privacy of patients and also the treatment options and services available.
- There was an information folder available for patients in the waiting room which contained information about Daleswood Health. This pack included information about the practice team, services available to patients, patient feedback forms and a schedule of fees.
- Health promotion information was available for patients in the waiting room.
- The practice offered pre-consultations to patients prior to receiving services such as travel medicine.
- Breast feeding and baby changing facilities were available.
- Pathology test results were provided the next day and in some cases on the same day the sample was obtained. Patients were informed of results by telephone.
- The practice offered general travel health and disease prevention advice for patients travelling abroad.

Timely access to the service

The service was available between 8am and 8pm Monday to Friday with appointments available on Saturdays between 9am and 1pm, if required. Longer appointments were offered to patients of between 20 to 30 minutes in length which are available throughout the daytime or evening, or at weekends.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance for GPs in England.
- The business manager was the designated responsible person who handled all complaints in the practice.
- The service had not received any complaints to date but had systems in place to record both verbal and written complaints.
- A complaints form was available to help patients understand the complaints system. There was information on how to complain in the patient guide, patient waiting area and on the practice website.
- The complaints policy and information for patients gave details of the Health Service Ombudsmen and the Financial ombudsman, should they be unhappy with the outcome of their complaint and wish to have it reviewed.

Are services well-led?

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

Our findings

Leadership capacity and capability:

- The two GPs were both members of the Royal College of Practioners with over 15 years' experience in general practice. The GPs continued to work in NHS general practice as locums in order to keep up to date with their clinical competencies. They demonstrated that they aimed to provide a high standard of personalised care to their patients which could complement any NHS services already in place. They individually had specialist interests in women's, children's and men's health, dermatology and minor surgery.
- The practice encouraged learning from complaints and significant events.

Vision and strategy

The lead GP had a strong vision for the future development of the service and its values were clearly embedded within the whole team. The GPs continually reviewed the future development of the service and told us of their aspirations for the future including marketing the service. There was a strong focus on continuous learning and improvement at all levels within the practice. The GPs encouraged staff to participate in training and encouraged staff to develop their skills. The lead GP ensured all members of staff were provided with regular training which included all mandatory and refresher training.

Culture

The GPs had the experience, capacity and capability to run the practice and ensure high quality care. The GPs prioritised safe, high quality and compassionate care and was visible in the practice. Staff told us that the lead GPs were approachable and always took the time to listen to all members of staff.

The GPs were aware of and complied with the requirements of the Duty of Candour. They encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents and all staff could explain how to identify an incident and what their actions would be.

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

- Staff told us the practice held twice monthly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the GPs in the practice. All staff were involved in discussions about how to run and develop the service, and the GPs encouraged all members of staff to identify opportunities to improve the services delivered by the practice.
- Staff were encouraged to participate in training and develop their skills. The business manager and administrator had undertaken the Association of Medical Secretaries, Practice Managers, Administrators and Receptionists (AMSPAR) training in their specific areas of responsibility and expertise.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice held a register of all professional registrations for clinical staff such as the General Medical Council (GMC). The register included details of medical indemnity insurance, renewal dates, dates checks were undertaken, Hepatitis B status, and dates safeguarding adults and children training was completed.
- Practice specific policies were implemented and were available to all staff. The practice held a central register containing all relevant policies and procedures. This register detailed the name of the policy, date of issue, date of amendment and review date. All staff were required to sign that they had read and understood these policies; we saw evidence of this during our inspection. During our inspection we looked at the suite of policies which included consent, confidentiality, health and safety, chaperone, equality and diversity, safeguarding children, vulnerable adults and risk management. All policies and procedures were available in an electronic file which all members of staff had access to.

Managing risks, issues and performance

Are services well-led?

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

- A comprehensive understanding of the performance of the practice was maintained.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Appropriate and accurate information

We saw evidence that the service collected appropriate information form new patients at the time of registration and held those records securely on the e clinic system. Where necessary and with consent this information could be shared with other health professionals. The GPs carried portable IT equipment with secure connections and encryptions on home visits to ensure that consultation and treatment records were updated in a timely manner.

Engagement with patients, the public, staff and external partners

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

- The practice demonstrated this and had offered patients the opportunity to reflect on their experiences, this would happen after each consultation and as part of the quarterly survey. We saw results of the most recent patient survey undertaken between September 2017 and January 2018. Surveys were completed at the time of consultation or were posted or emailed to patients. The service had distributed a questionnaire comprising of 20 questions. They received 23 responses which were all positive. Patients commented on the responsiveness of the service, the benefit of extended appointment times and said that the GPs always listened and gave full explanations of tests and treatments.
- The practice had also gathered feedback from staff through service meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. We observed a notice in waiting room to promote and welcome feedback.