

# The Basil Street Practice

## Inspection report

3 Basil Street  
London  
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Date of inspection visit: 15 November 2021  
Date of publication: 27/12/2021

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

Outstanding 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive to people's needs?	Good 
Are services well-led?	Outstanding 

# Overall summary

**This service is rated as Outstanding overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at The Basil Street Practice on 15 November 2021 as part of our independent health inspection programme. The Basil Street Practice provides an independent GP consulting service for private patients from consulting rooms at 3 Basil Street, London, SW3 1AU. The service is owned and run by HCA Healthcare UK. The HCA Healthcare UK private healthcare portfolio includes: The Harley Street Clinic, The Lister Hospital, London Bridge Hospital, The Portland Hospital, The Princess Grace Hospital, The Wellington Hospital, HCA Healthcare UK at University College London Hospital, and the Barnes Private Practice.

The service is registered with the CQC to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury. This was the first comprehensive inspection of the service following its new CQC registration of the service on 3 January 2019 as part of HCA Healthcare UK.

The Chief Executive Officer of The Lister Hospital, Suzy Canham, 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.

We reviewed the feedback the service had received from 46 patients. All feedback was very positive about the service with patients expressing their gratitude for the rapid care and interventions they had received, the time GPs took to care for their needs, and the warmth of staff. Patients stated they felt they were in 'safe hands' being registered with the service.

## **Our key findings were:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- The practice had adopted an innovative approach in helping staff to identify and respond to domestic violence, with a clear process in place to ensure those at risk were signposted to specialist services for immediate support.
- Patients could access care and treatment in a timely way.
- Patients received effective care and treatment that met their needs. The service involved patients in decisions about their care and treatment and took a holistic approach to meet their individual needs.

# Overall summary

- There was a clear, proactive approach to seeking out and embedding new ways of providing care and treatment.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was an extensive governance infrastructure which supported the service to deliver high quality, person-centred care.
- The service strategy and supporting objectives are stretching, challenging and innovative whilst remaining achievable.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Feedback from patients who used the service was consistently positive about the way staff treated them. We were provided with examples to demonstrate that staff across all sections of the service endeavoured to go 'above and beyond' for patients.
- There were consistently high levels of constructive staff engagement.
- There were high levels of staff satisfaction. Staff were proud to work at the practice and spoke highly of the culture.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The leadership drove continuous improvement and staff were accountable for delivering change.
- The physical, mental and social wellbeing of staff was a priority for the organisation.
- Leaders were visible, approachable and caring.
- The leadership, management and extensive governance infrastructure of the organisation assured the delivery of high-quality and person-centred care; supported learning and innovation; and promoted the development and wellbeing of all staff.

**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 a CQC GP Specialist Advisor.

## Background to The Basil Street Practice

The Basil Street Practice was established in 1948 and has been located at the present address at 3 Basil Street, London, SW3 1AU since 1967. In 2018 The Basil Street Practice was acquired by HCA Healthcare UK and had a new registration with the CQC on 3 January 2019. The service provides private general practitioner services and is registered with the CQC to provide the regulated activities of: Treatment of Disease, Disorder and Injury; and Diagnostic and Screening Procedures.

Within the service building there are two practitioners who offer the services of physiotherapy and psychology, not regulated by the CQC.

The service is open Monday to Friday from 08:30 to 18:00. Home visits to patients were available from all of the GPs for patients where necessary. When the service is closed there is a rota of Out of Hours doctors from The Basil Street Practice and two other local practices operating from 18:00 to 08:30 daily. The service currently has over 1000 patients registered and treats between 200-500 patients each month. The cost of care and treatment provided by the service is detailed for patients in advance.

The service employs four General Practitioners, a Practice Manager, three medical secretaries, and three receptionists.

### How we inspected this service

- Prior to the inspection information was requested from the service and reviewed by the inspection team.
- A site visit was carried out, where we spoke with the Registered Manager, Practice Manager, Head of Operations, two GPs and two medical secretaries and reviewed patient consultation records and organisational documents including policies and procedures.
- Information was also submitted by the service following the inspection.

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

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

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

# Are services safe?

## We rated safe as Good because:

- The service was providing safe care in accordance with the relevant regulations.
- Effective policies and procedures were in place to keep patients and staff safe.

## Safety systems and processes

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

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training
- The service had appropriate safeguarding policies in place for both adults and children. All staff had received up-to-date safeguarding and safety training appropriate to their role and knew how to identify and report concerns. One of the practice GPs was the nominated lead for safeguarding who was supported by the corporate HCA Healthcare UK safeguarding team and committee.
- As part of HCA Healthcare UK, the practice had adopted the new strategy developed by the safeguarding team to help staff identify and respond to domestic violence and abuse. This was an innovative, evidence-based approach with a clear process to ensure those at risk were signposted to specialist services for immediate support.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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). The service used their own staff who were trained for the role and had received a DBS check, to chaperone patients.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The service undertook regular annual portable appliance testing (PAT Testing) and all medical equipment was re-calibrated annually.
- The service had a variety of risk assessments in place to monitor safety such as fire, Control of Substances Hazardous to Health (COSHH) and Legionella (a term for a particular bacterium which can contaminate water systems in buildings).
- There was an effective system to manage infection prevention and control. All staff had completed infection control training and there were appropriate systems for safely managing healthcare waste. Regular infection control audits were undertaken on a monthly and quarterly basis. The data from these audits were uploaded to the HCA Healthcare UK compliance dashboard.

# Are services safe?

- In response to the COVID-19 pandemic, the service ensured robust telephone triaging of patients was undertaken; hand sanitiser was made available in reception; patients were asked if they had any COVID-19 symptoms prior to their appointment; signage was displayed reminding patients of the symptoms of COVID-19 and patient temperatures were taken on arrival to the service; to minimise the risk of infection for both patients and staff.
- There was a business continuity plan in place to deal with emergencies and major incidents.

## 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. The service did not use locum GPs; any absences were covered internally by the GP team. In the event of any shortages of administrative staff as a result of sickness, the practice was supported by administrative staff as part of the HCA Healthcare UK organisation.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections. At the time of our inspection administrative staff had not received any formal training on sepsis, however this was arranged with a Clinical Practice Facilitator based at The Lister Hospital and completed by service staff on 24 November 2021.
- On 16 August 2021 the service undertook a resuscitation simulation exercise in order to test staff preparedness and to build their confidence in dealing with emergencies. On 11 November 2021 the service arranged additional training for staff familiarisation with the resuscitation emergency equipment trolley. Staff told us there will be a further unannounced resuscitation simulation exercise to monitor the improvements made since the simulation on 16 August 2021.
- The service had an Adult & Paediatric Resuscitation policy in place and staff had received basic life support training for adults and children to ensure they could maintain a patient's safety whilst awaiting emergency assistance.
- There were suitable medicines and equipment to deal with medical emergencies including emergency oxygen, emergency medicines and a defibrillator (an electronic device that analyses life threatening irregularities of the heart and can deliver an electrical shock to attempt to restore a normal heart rhythm); which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- During the COVID-19 pandemic, arrangements were made for psychology sessions to be conducted over video-link and the service utilised the psychotherapy room as a secondary waiting area, to keep patients safe.
- There were appropriate professional indemnity arrangements in place to cover all potential liabilities.

## Information to deliver safe care and treatment

# Are services safe?

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

- The service had a secure, electronic, patient records system. The patient records information system was stored in a remote server for the benefit of security. It also meant patients could be seen at another clinic location in the event the service premises were unavailable.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

## **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 vaccines, emergency medicines and equipment minimised risks. The service followed the HCA Healthcare UK Corporate Medicines Management policy and had Prescribing Guidelines and Vaccine Fridge Monitoring policies in place.
- The service was supported by the Pharmacy Manager at The Lister Hospital who undertook frequent visits to the service to oversee the safe storage and management of medicines in accordance with service policies.
- The practice manager attended the Lister Hospital Medicines Management Committee to obtain shared learning from other departments.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.

## **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.

# Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. Alerts were received by the practice manager and the pharmacy manager at the Lister Hospital and cascaded as necessary to appropriate staff to action.

## 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. The service follows the HCA Healthcare Corporate Incident and Serious Incident Management policy. Staff understood their duty to raise concerns and report incidents and leaders encouraged a culture of openness and honesty.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, shared lessons and identified themes and took action to improve safety in the service. At the time of our inspection, the service had not had any serious incidents in the last 12 months however, the service had contributed to a serious incident investigation undertaken by the Lister Hospital in relation to a patient who had received a gastroenterology operation and had been reviewed and visited at home by one of the service GPs. The learning from this incident included that for consultant-led discharges, reviewing results is not just verbal but visualised by the responsible clinician.
- The practice manager attended the Lister Hospital Clinical Incident Review Group where learning from incidents across departments and services are shared.
- The service was aware of and complied with the requirements of the Duty of Candour and if there were unexpected or unintended safety incidents, the service would give the affected people reasonable support, truthful information and a verbal and written apology.



# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

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

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

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw evidence of a reporting dashboard which the practice used to upload data and outcomes of audits centrally to HCA Healthcare UK on a monthly and quarterly basis.
- There were a suite of audits which were routinely carried out by the practice to ensure standards were maintained which included: COVID-19 spot checks, infection prevention and control, emergency resuscitation equipment, prescribing of high risk medicines, health and safety, transportation of specimens, hand hygiene compliance, safeguarding adults and children, chaperone documentation and patient records. The outcome of these audits was presented at the Lister Hospital Quality Improvement Group.
- The service made improvements using clinical audits which had positive impact on quality of care and outcomes for patients. During our inspection we reviewed three clinical audits which demonstrated evidence of action to improve quality. For example, one audit reviewed the treatment of urinary tract infections and Cefalexin medicine for 17 patients. Cefalexin is an antibiotic medicine. The results of this audit identified resistances to some antibiotics in all urine samples but none to the Cefalexin medicine. As a result of this audit, GPs use Cefalexin medicine as the first choice for treating urinary tract infections to ensure effective treatment and appropriate antibiotic prescribing for patients.
- The service had also undertaken a proactive COVID-19 audit to compare the efficacy of antibody testing compared with lateral flow testing prior to the COVID-19 vaccination and polymerase chain reaction (PCR) testing being available.

## **Effective staffing**

# Are services effective?

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

- All staff were appropriately qualified. The service had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The service 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 we spoke with told us they were encouraged and given opportunities to develop. In addition to mandatory training, staff had access to the HCA Healthcare UK's 'Learning Academy' which offered staff a range of other training and resources to facilitate their personal and career development.
- All staff received regular annual appraisals and clinical staff were supported to meet the requirements of professional revalidation where necessary.

## **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. For example, the service had rapid access to other services and consultants as part of HCA Healthcare UK.
- 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.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on patients who had been referred to other services and staff we spoke with described the safety-netting arrangements in place for the receipt of patient information and the referral process.
- With patient consent, details of their consultation and any medicines prescribed would be shared with their NHS GP or regular healthcare provider.

## **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.**

- The service identified patients who may be in need of extra support, this included support for patients with mental health needs.

# Are services effective?

- The service had a strong focus on holistic care and referred patients to other services including the in-house psychologist.
- The service monitored the process for seeking consent appropriately.
- Where appropriate, staff gave people advice so they could self-care.
- 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.
- For patients also registered with an NHS GP, information about their care was shared, with patient consent.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Information about the cost of the consultation and treatment was explained to patients in advance.

# Are services caring?

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

- Feedback from patients who used the service was consistently positive about the way staff treated them.
- We were provided with examples which demonstrated that staff across all sections of the service endeavoured to go 'above and beyond' for patients and provided care outside of the paid remit of services.
- There was a strong focus by staff to provide a calm, compassionate atmosphere within the service for patients.

## **Kindness, respect and compassion**

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

- The service strived to maintain its legacy of a 'family doctor' approach for patients. We saw evidence to demonstrate a number of patients registered with the service were various generations of family members.
- We reviewed the feedback of 46 patients. All feedback was positive about the service with patients expressing their gratitude for the rapid care and interventions they had received, the time GPs took to care for their needs, and the warmth and kindness of staff. Patients stated they felt they were in 'safe hands' being registered with the service.
- Staff told us 'going the extra mile is business as usual' for their patients and we were provided with case studies which demonstrated the care of patients outside of the paid remit of services which included caring for vulnerable patients through the ageing process to enable them to receive the care and treatment they needed.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Patients had rapid access to psychological support and counselling services where needed from an in-house Psychologist who offered sessions for patients at the service.

## **Involvement in decisions about care and treatment**

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

- Patients were able to access information about the GPs working for the service and could book a consultation with a GP of their choice.
- The service gave patients timely support and information.
- Patient feedback we reviewed demonstrated patients 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.
- 'Language Line' interpretation services were available for patients who did not have English as a first language. The service was also able to access translation services provided as part of the hospital services of HCA Healthcare UK where needed.

# Are services caring?

## 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 room to discuss their needs.

# Are services responsive to people's needs?

## We rated responsive as Good because:

- The service understood the needs of their patients and improved services in response to those needs.
- Information about how to make a complaint or raise concerns was available, and staff treated patients who raised any issues compassionately.
- Referrals and transfers to other services were undertaken in a timely way.

## Responding to and meeting people's needs

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

- The service understood the needs of their patients and took a holistic approach to their care. For example, the service regularly referred patients to in-house services including psychology, counselling and physiotherapy.
- Staff told us the service prided itself on the ability to provide unhurried medical care focused to meet the needs of each individual patient.
- The facilities and premises were appropriate for the services delivered. Despite the service being a listed building, the service ensured patients with mobility issues were able to access the service with the aid of portable ramps. Alternatively, patients with mobility issues or who were housebound were offered GP home visits.
- Prior to the pandemic, the service only carried out face to face consultations and domiciliary visits for patients. During the COVID-19 pandemic, the service recognised the need to make significant changes to the way care was delivered, to meet patients' needs. From the start of the first lockdown, the GPs immediately adapted their approach and offered telephone and video consultations to patients, who were either shielding or preferred not to attend face to face consultations in a medical setting. However, if the GP felt that it was clinically necessary following on from a telephone consultation that a patient needed to be seen face to face, this was actioned. Throughout 2020 and 2021, the practice remained open every day offering face to face consultations to patients who wanted them but had also continued telephone and video consultations for those patients who preferred to use this service.
- Whilst the services provided by the service weren't specifically for patients with learning disabilities or autistic spectrum disorder, people with mental health issues, physical disability, dementia, people detained under the MHA, people who misuse drugs and alcohol, or people with an eating disorder; any patient was able attend the practice and staff stated every effort would be made to accommodate their needs.

## 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 rapid access to same day and next day appointments, diagnosis and treatment, test results, and referrals to other services and consultants as part of HCA Healthcare UK. Diagnostic imaging appointments were often available for patients on the same day at a variety of centres across the local area managed by HCA Healthcare UK. Waiting times, delays and cancellations were minimal and managed appropriately.

# Are services responsive to people's needs?

- Patients with the most urgent needs had their care and treatment prioritised.
- Routine consultations were 30 minutes, however GPs stated they extended this time as required to treat patients holistically and if they recognised a specific need such as mental health challenges or bereavement.
- The service was open Monday to Friday from 08:30 to 18:00. Home visits to patients were available from all the GPs for patients where necessary. When the service was closed there was a rota of Out of Hours doctors from The Basil Street Practice and two other local practices operating from 18:00 to 08:30 daily. 'Walk-in' appointments were also offered dependent upon GP appointment availability.
- Staff informed us that safety measures and enhanced cleaning schedules the service put in place and sufficient access to personal protective equipment (PPE), enabled them to remain open for face to face appointments throughout the Covid-19 pandemic. In excess of 500 patients had received referrals to consultants and other services during 2020.

## 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.**

- At the time of the inspection the service had not received any complaints. Staff explained they acted quickly to resolve any issues for patients. GPs we spoke with told us the routine consultation time of 30 minutes and the ability to extend the consultation time where needed, enabled them to thoroughly explain and discuss care and treatment for patients, which facilitated the management of patient expectations.
- In the event of a formal complaint being raised by a patient, the service had an appropriate complaint policy and procedure in place and would be supported by the corporate governance framework of HCA Healthcare UK where complaints from all services were reviewed in governance meetings to monitor for trends and share learning.

# Are services well-led?

## **We rated well-led as Outstanding because:**

The leadership, management and extensive governance infrastructure of the organisation assured the delivery of high-quality and person-centred care; supported learning and innovation; and promoted the development and wellbeing of all staff.

Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences.

## **Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues, challenges and priorities and had a shared focus to strive to deliver the highest quality person-centred care.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The service had a stable, longstanding workforce of senior staff. Staff told us the quality and consistency of the care provided has resulted in some patient families being served by the team for four generations.
- Leaders at all levels were visible and approachable and worked closely with staff.
- The Head of Operations of The Lister Hospital provided ongoing support to the service and is on site on a weekly basis. The Head of Operations supported the practice manager in areas of team development, any estates and facilities issues that may arise, and links to resources as part of HCA Healthcare UK.
- The service also received support and onsite visits from other senior leaders and teams within HCA Healthcare UK including the Chief Executive, Chief Nursing Officer, Head of Governance and Risk, Clinical Practice Facilitator, Resuscitation Lead, Infection Prevention Team and Estates and Facilities Team.

## **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 vision was 'Exceptional people, exceptional care.' The service values were: recognising and valuing everyone as unique and individual; treating people with compassion and kindness; acting with absolute honesty, integrity and fairness; and trusting and treating one another as valued members of the HCA family with loyalty, respect and dignity.
- The service had a strategic framework in place which included delivering the highest quality of care; improving access and convenience; driving operational excellence; strengthening doctor and partner relationships; becoming the patients' provider of choice; and developing comprehensive service lines.



# Are services well-led?

- The strategy and supporting objectives were stretching, challenging and innovative whilst remaining achievable. The service monitored progress against delivery of the strategy and the practice performance through digital dashboards and a variety of committee and board meetings.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

## Culture

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

- The service focused on the needs of patients.
- Staff felt respected, supported and valued. They were proud to work for the service.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems in place to 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. All staff, clinical and non-clinical, were considered valued members of the team. They were given protected time for professional development, training and learning.
- There was a strong emphasis on the safety and well-being of all staff. The service had recognised the importance of physical, mental and social wellbeing of staff being particularly important during the COVID-19 pandemic. It had implemented a comprehensive range of wellness benefits for staff which were accessible via the 'Wellness Hub' page of the intranet. Staff had access to webinars, videos, podcasts and articles to assist staff to maintain physical health through nutrition and exercise; to cope mentally with feeling worried or anxious about Coronavirus; and to maintain supportive relationships whilst spending time away from loved ones. Staff could also access wellbeing software applications such as 'Headspace' which assists people to meditate, improve sleep and manage stress.
- In addition, staff also had access to the 'Employee Assistance Programme' which offers counselling and advice for free either online or over the telephone, 24 hours a day, 365 days a year.
- 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.
- We observed there were positive relationships between staff and leaders.

## Governance arrangements

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

# Are services well-led?

- There was an extensive HCA Healthcare UK corporate governance infrastructure which the service was part of. This infrastructure supported the service to deliver quality care and treatments for patients.
- There were several governance committees held on a monthly and quarterly basis such as: infection prevention, health and safety, medicines management, resuscitation, blood management, patient experience, clinical incident, quality improvement and risk management. In addition, the service held regular local practice meetings with all staff to ensure they were kept informed and up to date.
- Leaders had established effective policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There was a range of service specific policies which were available to all staff. These were reviewed annually and updated when necessary.
- The practice had adopted an innovative approach in helping staff to identify and respond to domestic violence, with a clear process in place to ensure those at risk were signposted to specialist services for immediate support.
- 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.
- The Head of Operations and Practice Manager showed us evidence of the digital dashboard which the Practice Manager was required to use to upload service data of performance, audits and compliance.
- All staff were clear on their roles and accountabilities.

## 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 access to numerous digital dashboards to enable them to monitor risk and performance.
- Leaders had oversight of safety alerts, incidents, concerns 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.
- There was a clear, proactive approach to seeking out and embedding new ways of providing care and treatment.
- The service had a business continuity plan in place and had trained staff for major incidents.
- During the height of the pandemic, HCA Healthcare UK established a 'Pandemic Control Team' to monitor all of the impacts of the pandemic on HCA health care settings. A COVID-19 information hub was established on the 'Empowering You' page of the intranet to provide staff with quick access to the latest guidance. Regular updates on the COVID-19 response were emailed to staff. Daily meetings were held between senior leaders across the organisation to discuss the latest national guidance, emerging concerns, infection prevention, and access to PPE. The Lister Hospital's

# Are services well-led?

Head of Operations attended these meetings and fed information back to the service Practice Manager on an ongoing basis. In response to the frequent changes in relation to COVID-19, the service also increased their monthly practice meetings to weekly, during which additional information and guidelines from Public Health England (PHE) and the Independent Doctors Federation (IDF) were discussed and circulated to all staff.

## **Appropriate and accurate information**

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

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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.
- There was a rolling programme of audits which were undertaken weekly, monthly, quarterly and annually. The audit outcome data was uploaded to a digital dashboard for review at various committee and board meetings as part of the HCA Healthcare UK governance infrastructure.
- 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.**

- There were consistently high levels of constructive staff engagement.
- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. For example, staff we spoke with told us they were regularly asked for their feedback from the practice manager on how the service was run. One member of staff who had recently been employed at the practice, had been told her feedback was welcomed as a 'fresh pair of eyes' on the service. Another recently employed member of staff told us they had made a suggestion regarding the update of patient contact details, which had been implemented.
- The service was transparent, collaborative and open with stakeholders about performance. Performance information was shared across the HCA Healthcare UK organisation via data dashboards and a range of committee meetings.

# Are services well-led?

- The service had not received any formal complaints. We reviewed the feedback from 10 patients which were all positive about the service. We saw evidence of a patient survey which was scheduled for completion by December 2021. In addition, GPs collated patient feedback individually throughout the year which was also utilised for their annual appraisal.
- The service had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation. In addition, staff had access to the HCA Healthcare UK corporate 'Freedom to Speak Up' Guardian via email or the Ethics reporting line, where they can report any concerns they may have. Any concerns are dealt with anonymously and then followed up.

## Continuous improvement and innovation

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

- The leadership drove continuous improvement and staff were accountable for delivering change.
- There was a strong focus on continuous learning and improvement and the service consistently sought ways to improve. All staff were involved in discussions about how to run and develop the service and were encouraged to identify opportunities to improve the service delivered.
- Learning from incidents, near misses, and complaints was shared across the HCA Healthcare UK organisation and used to make improvements.
- There were systems to support improvement and innovation work. For example, at the time of our inspection the service was in the process of developing the clinical patient record system which included making improvements to the 'Search' function capabilities.