

# Coyne Medical Clinic (Coyne Medical)

## Inspection report

109a New Kings Road  
Fulham  
London  
SW6 4SJ

Tel: 020 7731 3077

Website: [www.coynemedical.com](http://www.coynemedical.com)

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### Overall summary

We carried out an announced comprehensive inspection on 23 April 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Clinic (Coyne Medical) registered with CQC under the provider organisation Coyne Medical in February 2016.

Clinic (Coyne Medical) is a private GP service located in the residential area of Parsons Green, South West London. The service provides private GP services for adult and children fee-paying patients. Services include GP consultations, child immunisations and travel vaccinations, health screening and lifestyle management. The service team comprises of one male and one female GP partner, two long-term locum GPs, a reception manager and a receptionist. The service operates from 8am to 7pm Monday to Friday and 10am to 2pm on Saturday.

#### **Our key findings were:**

The service was providing safe, effective, caring, responsive and well led care in accordance with the relevant regulations.

- There were systems in place to keep patients safe and safeguarded from abuse. All staff had undertaken safeguarding training relevant to their role.
- There were effective systems in place for recording, investigating and learning from significant events.

# Summary of findings

- The service assessed risks to patient safety and we found the premises well maintained.
- The service had adequate arrangements for response to medical emergencies and major incidents.
- Care and treatment was provided in line with evidence-based guidance.
- There was evidence of quality improvement activity and clinical audit initiatives.
- Staff worked with other health professionals where appropriate and supported patients to lead healthier lifestyles.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Patient feedback from a variety of resources indicated that staff were exceptionally caring and courteous, treated them with dignity and respect and involved them in decisions about their care and treatment.
- Services provided were responsive to the needs of the population served. This included timely and flexible access.
- There were clear leadership and governance arrangements to support the running of the service and delivery of high quality care.
- Staff felt very valued and supported and there was perk-box to reward staff for their contributions.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.

The areas where the service should make improvements are:

- Review the arrangements to ensure the verification of patients identity when registering at the service.
- Review the options for having access to local antimicrobial formulary.

# 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 systems and processes in place to keep patients safe and safeguarded from abuse. This included safeguarding arrangements, management of infection control, medicines, staff recruitment, equipment and for unforeseen events.
- The premises were well maintained and risk assessments had been undertaken.
- There were effective systems in place for recording, reporting and managing significant events and incidents and for sharing learning.
- Safety alerts were reviewed and acted upon to support service improvement.

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### **Are services effective?**

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

- Clinical staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE).
- The service had systems for supporting improved outcomes for patients. Patients received timely care and treatment.
- The service participated in quality improvement activity including clinical audits, which demonstrated service improvements.
- The service worked with other health and social care professionals where required, to ensure patients received the care and treatment they needed.
- Services were provided to promote health and support patients in leading healthier lives, this included health checks and screening services.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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### **Are services caring?**

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

- All of the 13 patient Care Quality Commission comment cards we received were very positive about the service experienced and this aligned to the numerous comments posted by patients through social media.
- Patients said they found staff very professional and told us they were treated with exceptional care, compassion, dignity and respect. They felt listened to and involved in decisions about their care and treatment.
- We observed that staff were courteous and very helpful to patients and treated them with dignity, kindness, respect, maintained patient, and information confidentiality.
- Systems and provisions were in place to ensure patients' privacy and dignity was respected.
- The service had a variety of medical instruments and distraction tools for examinations and procedures involving children.

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### **Are services responsive to people's needs?**

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

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# Summary of findings

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- The service understood the needs of its patients, services were organised and delivered to meet those needs and took account of patient preferences.
  - The service offered flexibility in the provision of care. Patients were able to access care and treatment within an appropriate timescale for their needs. Appointments were available six days per week and urgent appointments available the same day.
  - The premises and facilities were appropriate for the services delivered. Alternative arrangements were in place for patients requiring wheelchair access to facilities that the service could currently not accommodate.
  - Information about how to make a complaint or raise concerns was available to advise patients what to do if they wanted to raise a complaint. Complaints and outcomes were discussed at team meetings when they occurred.
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## **Are services well-led?**

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

- The service had a clear vision and supporting strategy to deliver high quality care and promote good outcomes for people.
  - There were clear leadership and governance arrangements, which supported the running of the service and the delivery of high quality, sustainable care.
  - There were effective clinical governance and risk management structures in place.
  - Risks to patients and staff were assessed and audit activity was undertaken to assess the quality of services.
  - There was a supportive culture and staff felt valued and able to raise suggestions or concerns if needed.
  - The service reviewed and monitored feedback from patients to help drive improvement.
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# Clinic (Coyne Medical)

## Detailed findings

### Background to this inspection

Clinic (Coyne Medical) is a private general practice service co-founded by the GP partners in 2016. The service is located in the residential area of Parsons Green, Fulham, South West London, which lies in the London Borough of Hammersmith and Fulham. The service operates from a modernised single storey listed building, with wheelchair ramp to assist access. There are three consultation rooms, reception, waiting area, office space and facilities on the ground floor. Due to building restrictions, the facilities are not currently accessible to wheelchair users.

The service provides GP services to fee-paying patients, adults and children, through three different membership options. These include an annual subscription membership with GP consultations charged on a pay per use basis and two membership tiers payable monthly with unlimited GP consultations per year. Family memberships are available that cater for two adults and two children and a further monthly fee payable for each additional child. Costs are applicable for services not included in each of the membership schemes. A limited number of payable services are available to non-membership patients.

At the time of inspection, there were approximately 2,900 registered patients with almost half under 18 years of age. The service had undertaken approximately 1,650 consultations in the previous twelve months.

The clinical team comprises of one male and one female GP partner who is the CQC 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The GP partners collectively provide between 14 to 16 clinical sessions per

week, with a further four clinical sessions provided by two long-term GP locums. A reception manager and a receptionist support the clinical team. Clinical staff required to register with a professional body are registered with a licence to practise.

The service operates from 8am to 7pm Monday to Friday and 10am to 2pm on Saturday. Thirty-minute consultation appointments are available throughout the day with 60-minute to 90-minute slots allocated for annual health checks. Out-of-hour arrangements are in place with a contracted provider. The service provides a range of primary healthcare services.

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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our inspection team on 23 April 2018 consisted of a CQC Lead Inspector, accompanied by a second CQC Inspector and a GP specialist advisor.

Before visiting, we looked at a range of information that we hold about the service. We reviewed information submitted by the service in response to our provider information request. During our visit, we spoke with the two GP partners, a GP Locum, reception manager, receptionist and one patient. We reviewed the systems in place for the operation of the service, looked at a sample of key policies and protocols, recruitment and training records, incidents and complaints and patient feedback. We also made observations of the environment and infection control measures.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 completed comment cards where patients

## Detailed findings

and members of the public shared their views and experiences of the service. Patients spoke very highly of the service, they described staff as professional, helpful, kind, friendly. They told us that they felt listened to and would be very happy to recommend the service to others.

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?

## Our findings

### Safety systems and processes

The service had systems to safeguard children and vulnerable adults from abuse.

- There was a GP lead for safeguarding and there were policies and procedures in place covering adult and child safeguarding to provide support and guidance to staff. The policies contained contact details for the local area safeguarding agencies responsible for investigating safeguarding concerns. Staff demonstrated they understood their responsibilities regarding safeguarding and had received training at a level relevant to their role and responsibilities.
- There was a chaperone policy in place and patients were informed that chaperones were available if required. Staff who acted as a chaperone had received training to do so and had undergone a DBS check. DBS
- The service carried out staff checks, including checks of professional registration where relevant. We reviewed the personnel files for four members of staff (two clinical and two non-clinical). We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service.
- There was an effective system to manage infection prevention and control. We observed the premises, equipment and play toys to be visibly clean. Consultation rooms were equipped with sensor 'no hand' touch taps and wipeable medical couches with electronic height adjustment. There were cleaning schedules and monitoring systems in place for the cleaning of the premises. Staff cleaned non-disposable clinical equipment after use and cleaned children's toys daily. There were systems for safely managing healthcare waste and managing the risks of Legionella. Staff had access to infection control policies and procedures and personal protective clothing.
- The service ensured that facilities were safe and that equipment maintained according to manufacturers' instructions. For example, health and safety and fire risk assessments, where completed for the premises. There was a schedule for annual fire-fighting equipment checks, regular fire alarm testing and fire drills.

- There was no formal protocol requiring patients to provide identification when registering with the service to verify the given name, address and date of birth provided and this had not been risk assessed. The service had arrangements to confirm parental responsibility when registering a child at the service and undertook checks when a person unknown to the service, accompanied a child.

### 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, including forward planning for known GP absences. The service had recently employed one of their long-term locum GPs as new patient registrations had increased. There was an induction system for new staff tailored to their role. Clinical staff had appropriate indemnity insurance in place.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians had access to adult and paediatric pulse oximeters to assess oxygen saturations of patients with urgent conditions, such as suspected sepsis.
- The service had an automated external defibrillator (AED) and an oxygen cylinder for use in a medical emergency. Emergency medicines were easily accessible to staff in a secure area of the building and all staff knew of their location. Weekly checks to ensure emergency equipment was in working order and emergency medicines were in date were routinely undertaken. All the emergency medicines we checked were within their use by date.
- There was an effective system for managing pathology tests and results processed through an independent clinical laboratory diagnostic service. Test results received were reviewed and actioned by clinicians on the same day.
- A disaster recovery plan was in place for major incidents such as power failure or building damage.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw

# Are services safe?

showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The service had a web based patient record system with a range of functionalities to meet the service needs. This included a booking system, billing system, formulary, coding and reporting system. The system was backed-up daily and access was available to those authorized via password protection.

- Records seen contained appropriate information to support care and treatment. Additional information to support decisions in patient care was requested if needed from the patients usual GP.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Where appropriate, information was shared with the patients NHS GP for example, if a patient needed an urgent referral.
- Where patients were referred for secondary care treatment, information was shared through referral letters. We saw examples of referral letters and found these contained all the necessary information.
- The service asked patients whether they consented to details of their treatment being shared with their registered NHS GP when they initially registered with the service. Details about sharing of information with other health or social care staff or organisations were included in the terms and conditions of membership with the service. Clinicians we spoke with were aware of GMC guidance around information sharing. The service considered the risks resulting from them not having access to a patients' full medical history when providing care and treatment. The service liaised with the patients registered GP before certain medicines would be prescribed.

## Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines in most areas.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised most risks. The service followed a weekly documented audit programme to determine stock levels and expiry dates of all medicines held at the practice. All the medicines we checked were in date and stored securely.
- There was one dedicated vaccine storage refrigerator with an integral thermometer and a second thermometer independent of mains power. This was

located in a locked room with restrictive access. Records demonstrated daily monitoring of the actual fridge temperature but recordings did not include minimum and maximum readings. We discussed this with the service who told us that the fridge recently purchased, had a built in continuous sound and light alarm system to alert of temperature deviance. Retrospective monitoring records showed that none of the actual temperature readings had fallen outside the normal operating ranges for vaccine storage. The service implemented an additional step of testing minimum and maximum readings to their chain monitoring process immediately following our discussions.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Access to the British National Formulary and Green Book for information on vaccinations was available to clinicians. There was a controlled drug and prescribing policy but there was no formal audit to monitor the prescribing of them. We were told that this occurred through individual clinical case review. The service did not prescribe off label or unlicensed medicines.
- Clinicians were aware of but currently did not have access to local antimicrobial guidelines. The service had undertaken an audit on management of cough and anti-biotic usage in paediatric patients.

## Track record on safety

The service had embedded systems for monitoring safety in the service.

- The service had systems for recording, investigating and learning from incidents and complaints.
- Staff had access to policies and protocols in place for the management of accidents, injuries and near misses and incidents. These included details of agencies for reporting notifiable incidents to.
- The service monitored and reviewed activity to identify and understand risks to inform and direct any safety improvements.

## Lessons learned and improvements made

When there were unexpected or unintended safety incidents the service learned and made improvements;

- Staff understood their duty to raise concerns and report incidents and near misses. There was a standard reporting form for this and systems for reviewing and investigating when things went wrong. Records showed



## Are services safe?

that the service had reported and investigated two incidents during the last 18 months. Both included the actions taken by the service to improve safety. For example, the service had recorded and reviewed a significant event involving a submitted prescription request for a controlled drug. This had resulted in the review and improvement of the controlled drug policy, explicitly setting out the processes for staff to follow in the event of a similar circumstantial request.

- There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts. Alerts received were reviewed by the principal GP and where relevant shared with staff.
- The service was aware of the requirements of the Duty of Candour.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice including formal documented discussions of new guidance at monthly staff meetings along with informal discussions in between. There was evidence that 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.

New registered patients were required to complete a health questionnaire, providing details about past medical history, family history, prescribed and non-prescribed medicines taken, allergies, immunisations and attendance of cytology screening to support care and treatment. There was an effective system for the referral and receipt management of pathology and diagnostic screening tests and patients personally contacted by clinicians of results.

### Monitoring care and treatment

There was evidence that the service had undertaken quality improvement activity. There had been two completed cycle audits carried out to monitor improvement since the commencement of the service in February 2016. This included the management of cough and anti-biotic usage in paediatric patients and the management of patients with a diagnosis of hypothyroidism. For example, the service had completed an audit to review thyroid function monitoring in patients prescribed thyroxine replacement for hypothyroidism. First cycle data showed 86% of patients prescribed thyroxine had received a blood test within the last 12 months, which was below the set standard of 100%. We saw discussion of findings at the service team meeting to raise awareness and provide education on best practice guidelines. Second cycle data showed improvement with 90% of patients prescribed thyroxine having received a blood test within the last 12 months.

### Effective staffing

- Staff had the skills, knowledge and experience to carry out effective care and treatment.
- Both of the GP partners had previously worked for the NHS and were able to bring skills and experience from this.

- Clinical staff had access to on-line resources to support them and keep up to date.
- There was an induction process for new staff including to the service. The induction process included a training programme and a range of competency checks, which included use of equipment and systems used by the service. The GP partners supervised the induction process for new clinicians.
- All staff had access to a range of on-line training. The service had clearly identified core-training requirements and had effective systems for monitoring that staff were up to date with training.
- The service provided staff with on-going support. This included an induction process, annual appraisals and discussions about learning needs. Staff were encouraged and given opportunities to develop.

### Coordinating patient care and information sharing

The service worked together with other health and social care professionals to deliver effective care and treatment.

- The service shared important information with the patients usual NHS GP as required such as for patients with safeguarding issues and urgent cancer referrals. For the routine sharing of information with patients usual, NHS GP the service obtained consent as part of the registration process.

### Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- Annual preventative health screening was available and included an assessment of lifestyle factors. Additional
- A register of patients with long term conditions was maintained to ensure regular follow up checks and screening
- Patients were encouraged to attend for cervical smear screening. There
- A full child immunisation schedule was encouraged for babies and infants as well as child development checks. Meningitis B and ACWY vaccines were advocated to patients aged 16 to 23 years old.
- The service was proactive in the identification and support of carers and signposted those to local resources where required.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance including the Mental Capacity Act 2005, when considering consent and decision making for patients who may lack mental capacity and for children and young people.
- There was a system in place to ensure that adults unknown to the service accompanying child patients had the authority to do so and that consent to care and treatment was authorised by the child's parent or guardian.
- Information was provided in advance to patients about the cost of consultations and treatment, including investigations and tests.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff were sensitive to patients' personal, social, cultural, and religious needs. We discussed with staff positive examples of care provided to patients with specific needs.
- The service had a variety of medical instruments and distraction tools for examinations and procedures involving children. For example, staff used a sensation distraction tool specifically designed to help minimise the pain of needle injections administered to babies and children. They also used child friendly designed finger pulse oximeters and flavoured tongue depressors during examinations.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service gave patients timely support and information. Several examples of this were reflected in feedback given by patients and by staff during the inspection. As part of the inspection, we asked for CQC comment cards to be completed by patients. We received 13 completed comment cards, all of which were extremely positive about the service experienced. Patients said they found staff very professional and told us that they were treated with exceptional care, compassion, dignity and respect. We were told that this continued beyond attendance at the surgery through direct contact made by the GP's to a patient or guardian, following an appointment, procedure or clinical investigation. This feedback aligned with reviews posted by patients through social media.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Feedback received from patients through the completed CQC patient comment cards were very positive about the time and attention afforded during consultations and with the clarity of information provided by clinicians. Patients said that they did not feel rushed during their consultations and felt listened to, involved and informed.
- Information about consultation costs and fees for additional services was available on the practice website. The service informed patients on an individual basis, about the cost of blood tests, vaccinations and prescriptions.
- Translation services were accessible to support patients where language may be a barrier.

### Privacy and Dignity

Staff respected and promoted patients' privacy and dignity.

- Consultation rooms were arranged in a way to maintain patients' privacy and dignity during examinations, investigations and treatments. Dignity screens were in place in each consultation room and disposable gowns provided to patients to maintain their privacy and dignity during examinations, investigations and treatments.
- Consulting room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- A private room was available if patients wanted to discuss sensitive issues or appeared distressed and reception staff were perceptive and sensitive to when this may be required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The service understood the needs of its population and tailored services in response to those needs. This included flexibility and longer appointments, evening and weekend consultations, and the facility for patients to contact the GP directly by email and telephone. Membership patients had secure on-line access to their health records.
- The facilities and premises were appropriate for the services delivered. Consultation rooms and were located on the ground floor of the premises.
- Home visits were available for patients who were unable to attend the practice including wheelchair users, where access to facilities at the service was not currently available.
- Breast-feeding and baby changing facilities were available as well as the provision of children's furniture and toys in the waiting area.
- Facilities were in place to assist patients with communication needs, such as a hearing loop and access to language translators.
- Information about the service, services offered and financial costs were provided on the practice website and at reception.
- Patients were offered hot and cold drinks and refreshments on arrival.

### Timely access to the service

Patients were able to access care and treatment from the services in a timely manner.

- The service was open for appointments six days a week between 8am to 7pm Monday to Friday and 10am to 2pm on Saturday. Patients could book an appointment in advance by telephone, e-mail or in person. Same day appointments were made available for patients with urgent needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. For example, the service performed a range of blood tests, with some results available within four hours. They also offered in-house heart and lung checks, including cholesterol testing, electrocardiograms and lung function assessment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that it was very easy to get an appointment and that they were seen and treated quickly.
- The service was committed to providing excellent customer care. To measure this they had completed a two-cycle telephone audit to assess response time to patient's calls and the number of calls missed. Results from both audits demonstrated a 12-second response time to calls, which was within the response target time of 15 seconds. The second cycle audit identified an increase in the number of missed calls from the previous year, in parallel with an increased number of inbound calls. The highest volume of calls occurred during 8am and 1pm and to address this, the service was in the process of advertising for a new part time reception position.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place for responding to them.

- Information about how to make a complaint or raise concerns was available to advise patients what to do if they wanted to raise a complaint.
- The complaint policy and procedures were in line with recognised guidance.
- The service had not received any verbal or written complaints in the last 12 months.
- Staff told us that if there were any complaints they would be discussed at team meetings and formed part of the agenda structure that was in place.

# 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;

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

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They were aware of the challenges and considered the processes and solutions to tackle them.
- The leadership team was visible and approachable. They worked closely with the staff team to ensure they prioritised compassionate and inclusive leadership. This was reflected in the feedback received from staff and patients about.
- The GP partners and other clinical staff were proactive in keeping up to date with regards to learning and professional development. Clinicians at the service had previously worked in the NHS and brought benefits from these roles to drive focus.

### Vision and strategy

The service had a vision for the future to deliver high quality personalised medical 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

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

- Staff stated they felt respected, supported and valued. They told us they were proud to work at the service.
- The service focused on the needs of patients.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing staff with the development they needed. Staff had access to annual appraisals and could access e-learning modules. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was a commitment to the safety and well-being of all staff. There was a perk-box to reward staff for their contributions, for example discount cinema tickets and mobile phone insurance.
- The service actively promoted equality and diversity.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The service had established proper policies and procedures to ensure safety. These were regularly reviewed to ensure they remained up to date and accessible to all staff via their computers.
- The service held regular staff meetings and all staff were invited to attend. This ensured important information was shared. We saw that formal practice meetings followed a structured schedule with set agenda items for discussion. This ensured important issues such as, new and updated guidance, policies and procedures were discussed and matters arising followed up.

### Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- Risk assessments had been carried out in relation to the premises to identify potential risks to patient safety and to undertake mitigating actions.
- The service leadership had oversight of safety, alerts and incidents.
- Audit activity had been undertaken to support improvements in the quality of care. For example, the service had produced two annual reports for 2017 and 2018 providing audit data in relation to clinical performance and outcomes of patients with long-term conditions. This enabled year on oversight of the effectiveness and performance of clinical care and identification of areas for improvement.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

# Are services well-led?

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

- Records we saw contained appropriate information to support care and treatment. Additional information to support decisions in patient care was requested if needed from the patients usual GP.
- The IT system used supported the monitoring of performance and patient audits, for instance when the service received new NICE guidelines or patient safety alerts.
- Staff had contact details for reporting notifications to relevant external organisations.
- Patient information was held securely and staff were aware of maintaining patient confidentiality.
- There were 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, staff and external partners to support high quality sustainable services.

- The service actively sought and encouraged patient feedback from a variety of sources and used this to inform their plans for developing the service. Feedback seen was extremely positive.
- The service had a small patient group but had plans to expand this and was currently considering initiation of an on-line patient forum. They intended to use the needs of a larger patient group along with other patient feedback, to drive future direction of the service.

- Staff we spoke with told us they had provided ideas and improvement suggestions, which was the whole practice team had enthusiastically received. For example, a member of staff had identified that some waste suitable for recycling was being disposed of as non-recyclable waste. The service had since followed a more eco-friendly approach in the segregation of recyclable waste products, to ensure that they entered the recycling process.

## Continuous improvement and innovation

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

- The service was committed to providing a high level of service to its patients and had a strong focus on identifying opportunities for developing the service for the benefit of patients.
- The GP aimed to provide an holistic service to patients and had undertaken training in cognitive behavioural therapy in order to expand the service they were able to provide.
- The service was keen to develop further ways of monitoring their performance and outcomes as the patient membership size and age grew.
- Deficiencies in operational practice were actively identified and training delivered where necessary to improve efficiency of service provision.
- The service explored potential opportunities for the provision of additional services in-house for the benefit and convenience of patients.