

# EdgCARE GP Surgery

## Inspection report

Rear of 96 Edgware  
Way Edgware  
HA8 8JS

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Overall summary

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

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive at EdgCARE GP Surgery as part of our inspection programme. This is a private community family doctor service and the lead GP 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.

## **Our key findings were:**

- The service had clear systems to keep people safe and safeguarded from abuse.
- Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- The service had diagnosed 10 cancers that had been missed when the patient had contact with another service which was mostly due to a lack of monitoring during the Covid-19 pandemic.
- The provider developed a model whereby they coordinated a virtual Multi-disciplinary Team (MDT) including NHS GPs, working together to further the care of complex and often vulnerable elderly patients.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff treated patients with kindness, respect and compassion.
- The service respected patients’ privacy and dignity. Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They had the capacity and skills to deliver high-quality, sustainable care.

**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 GP specialist adviser.

## Background to EdgCARE GP Surgery

EdgCARE GP Surgery is a private doctor service located at Rear of 96, Edgware Way, Edgware, HA8 8JS that offers a pre-booked private community family doctor service. The Registered Provider is Edgcare Ltd and they have a satellite clinic based at BMI Hendon Hospital, a private hospital located at, 46-50 Sunny Gardens Road, Hendon, London, NW4 1RP. The satellite clinic operates from one consultation room and a shared waiting area located on the second floor of the hospital, which was not visited as part of the Inspection.

The service is registered with CQC to undertake the regulated activity of Diagnostic and Screening Procedures, Family Planning, Treatment of Disease, Disorder or Injury and Surgical Procedures. The clinical team is completed by a full-time clinical lead who is the Registered Manager, one part-time practice nurse, four salaried GPs, two male and two females, each of whom work part-time at the service. There is a practice manager who works full-time, two secretaries of whom one is a patient liaison and one is an NHS GP liaison and four part-time medical receptionists.

The service premises consists of two consultation rooms, an administration office and a shared waiting area all situated on the ground floor of private premises. The service is open between 8am and 10pm between Sunday and Thursday and between 8am and 1pm on Fridays and closed on a Saturday. When patients rung the surgery outside of their open hours, they were redirected to the provider's out of hours service. The practice website can be found at: <https://www.private-doctors-north-london.co.uk>

Prior to the inspection we reviewed information requested from the provider about the service they were providing. During the inspection we spoke with the lead GP, the practice manager and one member of the non-clinical staff, analysed documentation and undertook observations. The provider offers telephone and face to face consultations, joint injections, minor surgery, ECG monitoring, home visits and telemedicine consultations. The service has a core group of 500 patients who visit the practice for unscheduled care which mostly includes, acute upper respiratory tract infections, urinary tract infections and depression and anxiety. The satellite clinic at BMI Hendon Hospital does not see children under the age of 18 years but they can be seen at EdgCARE GP Surgery Practice. Data for 2021 shows contact with under 4,000 patients, with treatment of disease, disorder or injury making up 99% of the activity and surgical procedures making up 1% of the activity.

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 had clear systems to keep people safe and safeguarded from abuse.**
- **There were systems to assess, monitor and manage risks to patient safety.**
- **Staff had the information they needed to deliver safe care and treatment to patients.**
- **The service had reliable systems for appropriate and safe handling of medicines.**
- **The service had a good safety record.**
- **The service learned and made improvements when things went wrong.**

## Safety systems and processes.

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

- The provider conducted safety and appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them. These risk assessments included the Control of Substances Hazardous to Health (COSHH) and annual health and safety risk assessments. There was clear evidence to show what action was taken when the risks assessments identified areas of concern.
- A Legionella risk assessment was carried out on 18 February 2022 and we saw evidence the service carried out regular water temperature checks as required. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The overall risk of Legionella infection at the practice was determined as low.
- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- The service had systems to safeguard children and vulnerable adults from abuse. There was a child protection and safeguarding vulnerable adults policy in place. Safeguarding concerns were discussed in clinical meetings and the service had a safeguarding hub on their computer system. This system stored all the relevant safeguarding information including links to safeguarding referral forms.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We saw an example of an occasion when the provider carried out a Best Interests discussion of a patient's condition with specialist clinicians, to ensure the patient's best interests were considered. We saw that the service together with other agencies took action to safeguard the best interests of the patient. A Best Interest decision can be made where an adult lacks mental capacity to make a decision for themselves and needs others to make those decisions on their behalf.
- The service had systems in place to assure that an adult accompanying a child had parental authority. There was a link on the provider website that prompted patients to complete a Declaration of Parental Responsibility online form, which was then uploaded onto the child's record. Patients were required to produce their identification on arrival.
- The service offered a trained chaperone during consultations and notices were displayed in the consultation rooms and on the website. The use of chaperones during consultations was documented on their clinical system.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate, as per their recruitment policy. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns and had taken steps to ensure staff had access to or knew how to find safeguarding contacts in all neighbouring local authority areas. Staff who acted as chaperones were trained for the role and had received a DBS check. All staff had received safeguarding training with clinical staff trained to child safeguarding level three.

# Are services safe?

- There was an effective system to manage infection prevention and control. There were infection control policies in place which included one for the prevention of Covid-19 infections. The service completed an inhouse infection control audit on 6 January 2022 and there were no actions required and this was consistent with our findings on inspection.
- A Legionella risk assessment was carried out on 18 February 2022 and we saw evidence the service carried out regular water temperature checks. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The overall risk of Legionella infection at the practice was determined as low.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Where portable appliances did not pass the tests (PAT) or calibration, the service told us they disposed of this equipment and replaced them where required. For example, one thermometer failed the calibration test carried out and extension lead failed the PAT test in January 2022; however, they were safely disposed of and obtained replacements where they were required.
- We saw evidence of fire extinguisher checks carried out within the service. Staff also participated in regular fire drills within the service. The last fire drill was carried out in February 2022, with a record of the process and appropriate learning outcomes seen.
- There were systems for safely managing healthcare waste.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand.
- 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, for example sepsis. We saw evidence that sepsis training for all staff was up to date.
- The service had access to a 24-hour paramedic voluntary emergency service that served the local community.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

## Information to deliver safe care and treatment

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

- 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 provider had installed a secure, specialist medical practice management software on its computer system and was able to use this to search, audit, review and update medical records and view pathology test results.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, there were facilitated coordinated information sharing protocols in place, to ensure continuity of care with the patient's NHS GP through secure, encrypted email or via telephone.
- There was a results communication protocol in place to inform patients of their pathology results.
- The service used a computer software tool that provided an enhanced, auditable system to share and manage meeting minutes, safety alerts, complaints, significant events, and practice specific policies, to which there was also an audit trail to ensure compliance.

# Are services safe?

- The service had a system in place to retain medical records in line with GDPR guidance. Their clinical database system stored GP records securely on a remote server. In the event that they ceased trading, this clinical database would securely export their patient records into encrypted files which would be retained by the Directors in line with their responsibilities, under the relevant legislation for retention of Medical Records.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## 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, controlled drugs, emergency medicines and equipment minimised risks. The medicines and equipment to deal with medical emergencies such as the defibrillator and oxygen, were stored appropriately and checked regularly.
- If items recommended in national guidance were not kept, there was a risk assessment to inform this decision and we found these were appropriate for the activities undertaken at the location. For example, their risk assessment for emergency medicines determined that opiates were not stocked in the service as patients with severe pain or myocardial infarction would be cared for according to their emergency protocol. This protocol involved calling the London Ambulance Service, in addition to their local emergency response service situated in close proximity to the service and with a response time of five to 10 minutes maximum. They would be able to administer injectable opiate analgesia to patients with severe pain or myocardial infarction and as such their risk assessment determined that the risk to their patients of an adverse outcome from not stocking opiate analgesia was extremely low.
- The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines carried in vehicles were stored appropriately.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, they carried out two audits of antibiotic prescribing to ensure they were following the Public Health England (PHE) guidelines. In one audit related to antibiotic prescribing of urinary tract infections, they found 83% of the 30 patients included in the audit were treated successfully with antibiotics and action was taken to improve this treatment, with a reaudit due in six months.
- The clinical lead was responsible for prescribing all controlled drugs. There were systems in place to ensure the correct controlled drugs were being prescribed in accordance to guidance around prescribing controlled drugs in private medicine.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. In relation to repeat prescribing the service's policy was that this was the responsibility and domain of the patient's NHS GP. The policy included a protocol for communicating with a patient's GP where the clinician considered a change to an existing treatment was appropriate; however, the service would not make the change to the treatment itself.
- Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. This included lone working, the use of sharps and occupational driving risk assessments for staff carrying out home visits.

# Are services safe?

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

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

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, following a complicated family planning procedure, the service implemented a pre-procedure, face to face consultation with the patient to identify if the procedure was likely to be a complex procedure than could be dealt with in private medicine. To ensure the safety of the patient, where there could be concerns relating to the procedure, the service would refer the patient to, or discuss options with the NHS.
- 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.

### When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology. Patients were also offered a partial refund if the service's investigation found they were the ones at fault. For example, there was a lack of action following an emailed referral to an imaging provider on the patient's behalf. Although, the referral was logged as being sent, it had not been safely received at the other end. This led to a delay in the investigation taking place. The provider took steps to ensure staff were now aware to request confirmation of safe receipt for future requests.
- They kept written records of verbal interactions as well as written correspondence.
- 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. We saw evidence that safety alerts were standing agenda in clinical meetings and we saw that discussions took place and evidence of action taken where required. For example, we saw that a safety alert relating to the Emerade adrenaline injections had been discussed in a clinical meeting and action was taken to ensure safe prescribing in accordance with the safety alert.

# Are services effective?

## We rated effective as Good because:

- **We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.**
- **The service was actively involved in quality improvement activity.**
- **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**
- **The service obtained consent to care and treatment in line with legislation and guidance.**

## Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. The provider monitored that these guidelines were followed. We saw an example of when NICE guidelines were used to assess whether children under five years old presenting to the service with feverish illness were being assessed safely in accordance with these 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. Information relating to the patient's previous medical history, relevant family medical history, NHS GP and whether patient consents to information being passed to them and allergies, were obtained before the GP commenced a consultation.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The service used medical record software to manage patient records which meant clinicians had instant access to medical records to support repeat patients. The patient record system could also identify frequent callers and patients with particular needs; for example, palliative care patients. Protocols were in place to provide the appropriate support.
- Staff assessed and managed patients' pain where appropriate.
- There were systems in place to manage recalls for repeat investigations, results follow up, or clinical reviews and safety netting was in place to ensure follow up actions were not omitted.
- The service had diagnosed 10 cancers that had been missed when the patient had contact with another service which was mostly due to a lack of monitoring during the Covid-19 pandemic. For example, all of these patients had already had at least one contact with another service and their diagnoses had been missed. Of those patients, six had either made a full recovery or were continuing treatment.

## Monitoring care and treatment

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

- The service used information about care and treatment to make improvements.
- They made improvements through the use of completed audits. Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, they carried out an audit to assess whether children under five years old presenting to the service with febrile illness were being assessed safely in accordance national guidance. They found during the first cycle of this audit, 50 children

# Are services effective?

under 5 were identified as presenting with a febrile illness. Their results show the standard of 100% compliance was not met in any of the observational criteria specified in their audit categories derived from the NICE guidance. Assessment of these results showed documentation was deficient and guidance was not adequately followed. Improvements were made which included, provision of a checklist containing important observations to record when assessing feverish children and sepsis cards provided to parents. The same criteria was used at the second cycle audit and improvements were noted; for example, assessment of the respiratory rate improved from 86% to 96%, closer to national guidance. The service would continue to audit this activity as part of their ongoing quality improvement activity with further discussions of the NICE guidance at clinical meetings.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as child protection, adult safeguarding, information governance, basic life support skills, fire safety and continuing development.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or Nursing and Midwifery Council and were up to date with revalidation. There was a system in place to monitor nurse registration and when revalidation was due.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

## 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. The provider developed a model whereby they coordinated a virtual Multi-disciplinary Team (MDT) comprising of Consultant Physicians, Allied Healthcare Professionals, Mental Health professionals and the NHS GPs, working together to further the care of complex and often vulnerable elderly patients. On inspection, the provider shared some learning events to illustrate specific examples of how this had benefited patients. This included the development of a consultant database according to the speciality of the consultant and they worked with key consultants who they could contact for expert advice.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

# Are services effective?

- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service monitored the process for seeking consent appropriately.

## **Supporting patients to live healthier lives**

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

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, during the Covid-19 pandemic, the provider saw unscheduled care patients such as those diagnosed with hypertension, where they had difficulty accessing their NHS GP and therefore not being monitored appropriately.

## **Consent to care and treatment**

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

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

# Are services caring?

## We rated caring as Good because:

- **Staff treated patients with kindness, respect and compassion.**
- **Staff helped patients to be involved in decisions about care and treatment.**
- **The service respected patients' privacy and dignity.**

## Kindness, respect and compassion

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

- The service sought feedback on the quality of clinical care patients received. They carried out a patient survey in April 2021 which was analysed and improvements made where required. The survey questionnaire was completed by 27 patients. The survey results showed a high level of satisfaction from patients who were positive about the way staff treated people.
- Online reviews showed an approval rating of 4.5 out of 5 stars of 61 reviews.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. The service was able to describe how they would access interpretation services for patients who did not have English as a first language. For example, they signed up with an on-demand, video or face to face interpretation service for patients with limited English, deaf and hard of hearing patients.
- We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. For example, patients were provided with wallet-size sepsis information cards, with details on red-flag symptoms to look out for.
- The service offered a smoking cessation service carried out by the practice nurse.
- The service promoted preventative care where patients were invited for annual reviews with the dietitian.

## 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.
- Nursing mothers were offered a private room when requested, to provide privacy whilst breastfeeding.

# Are services responsive to people's needs?

## We rated responsive as Good because:

- **The service organised and delivered services to meet patients' needs.**
- **Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**
- **The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

## 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 had diagnosed 10 cancers that had been missed when the patient had contact with another service which was mostly due to a lack of monitoring during the Covid-19 pandemic. For example, all of these patients had already had at least one contact with another service and their diagnoses had been missed. Of those patients, six had either made a full recovery or were continuing treatment.
- The provider understood the needs of their patients and improved services in response to those needs. For example, they added two further evening sessions on a Monday and Wednesday in response to patient feedback requesting more evening appointments.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there was a hearing loop available at the reception desk.
- The provider carried out home visits when requested and provided end of life care for palliative patients. This included carrying out home visits for Covid-19 positive elderly patients, who preferred to be treated at home.

## Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Complimentary follow-up calls took place by telephone.
- The service offered ECG monitoring and patients were sent to the provider's branch site at BMI Hendon Hospital for other complex diagnostics.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. There were protocols in place to ensure these tasks were actioned within 24 hours.
- Standard appointment times were a minimum of 30 minutes and extended where necessary.

## 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.**

# Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place.
- The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a patient complained that they had been denied access to the premises waiting room during the Covid-19 pandemic and also raised concerns around staff attitude. The service reviewed their Covid-19 policy and made changes in response to the complaint. For example, they made changes to allow a single patient access to the waiting room at a time if they passed the Covid-19 screening and temperature checks. The patient received an apology from the service and staff attended communication skills refresher training.

# Are services well-led?

## We rated well-led as Good because:

- **Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They had the capacity and skills to deliver high-quality, sustainable care.**
- **The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**
- **The service had a culture of high-quality sustainable care.**
- **There were clear responsibilities, roles and systems of accountability to support good governance and management.**
- **There were clear and effective clarity around processes for managing risks, issues and performance.**
- **Engagement with patients, the public, staff and external partners**
- **There was evidence of systems and processes for learning, continuous improvement and innovation.**

## Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, they increased the care of the housebound elderly patients during the Covid-19 pandemic.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service and described the working environment as supportive, stable and calm. This was consistent with observations made on the day of inspection.
- The service focused on the needs of patients. During the Covid-19 pandemic, the service carried out home visits mainly to elderly patients suffering from Covid-19 and reluctant to attend the hospital.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, staff were provided with communication skills training when behaviours did not meet the values of the service.

# Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. There was staff recognition and praise.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. For example, there were assigned liaison staff for patients and for the NHS.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### **There were clear and effective clarity around processes for managing risks, issues and performance.**

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

# Are services well-led?

## **Appropriate and accurate information**

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

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work. For example, the provider was in the process of considering integrating their clinical system with the NHS Emis web. They had explored a number of projects to try and facilitate a link between a private GP clinical system and the NHS clinical systems.