

# Headquarters

## Inspection report

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Date of inspection visit: 18 July 2022  
Date of publication: 16/08/2022

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

|  |                    |   |
|--|--------------------|---|
| <b>Overall rating for this location</b>    | <b>Good</b>        |  |
| Are services safe?                         | <b>Good</b>        |  |
| Are services effective?                    | <b>Good</b>        |  |
| Are services caring?                       | <b>Good</b>        |  |
| Are services responsive to people's needs? | <b>Good</b>        |  |
| Are services well-led?                     | <b>Outstanding</b> |  |

# Overall summary

**This service is rated as Good overall.** This is the first inspection for this service.

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? – Outstanding

We carried out an announced comprehensive inspection at Headquarters on 18 July 2022 as part of our comprehensive inspection programme.

At this inspection we saw areas of outstanding practice:

- The provider's approach to service delivery had integration at the heart of service development. They worked in coordination with others to make sure they were meeting the needs of the local population. The service was a key component of wider system integration and formed a part of the clinical commissioning group's overall provision. They were agile in working across the sector to set up new services, in response to patient needs and the wider health economy. They made sure they listened to the patient voice when developing or improving services.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress. Plans were consistently implemented and had a positive impact on quality.
- Quality improvement was an essential component of the provider's strategy. We found they had comprehensive quality and improvement systems, supported by a thorough approach to audit. There was a strong focus on improvement within the service by seeking out and embedding new ways of providing care and treatment.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who had access to advice from a specialist advisor.

## Background to Headquarters

### Background to Headquarters

Headquarters is registered with the Care Quality Commission (CQC), to provide the treatment of disease, disorder or and injury and diagnostic and screening procedures.

The provider of this service is GP Healthcare Alliance which is a group of 18 GP practices in five primary care networks (PCNs) in Castle Point, Rochford and Rayleigh in Essex, working together to provide healthcare services for practices and patients. All member practices remain independent but work collaboratively to deliver and improve healthcare within the area.

The administrative records for the provider's other two locations, Weekend Service (Rayleigh) and GPHA Clinical Site are held at Headquarters. All services provided by the provider are co-ordinated from this site. No patients are treated at this location.

The following services / contracts managed from Headquarters include:

Extended Access GP Service

Coronavirus Vaccination Programme

Human Resource function for five Primary Care Networks (PCNs)

Private Clinical Services including ear irrigation, cryotherapy, weight loss injections and others were in the planning stages.

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This included:

- Evidence from the provider
- A short site visit
- Interviews with staff
- Staff questionnaires via email
- Review of internal data

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:**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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 systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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.
- The provider 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The service carried out weekly legionella checks at the location where services to patients were delivered.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions; there were systems for safely managing healthcare waste at the location where services to patients were delivered.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **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 when planning services. All staff were directly employed by the provider of this service, including a team of bank staff who covered staff absences.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place
- There were suitable medicines and equipment to deal with medical emergencies 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.

## **Information to deliver safe care and treatment**

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

- As a GP federation, the service did not own the patient records; they belonged to the patients' registered GP practices.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

# Are services safe?

- 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.
- 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, and equipment minimised risks.
- The service did not use any paper prescriptions.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They did prescribe schedule 4 or 5 controlled drugs at the location which delivered care to patients.
- 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.

## 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.

## Lessons learned and improvements made

### The service learned/did not learn and made/make improvements when things went wrong.

- There was a system for recording and acting on significant events that occurred in the locations delivering care. 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.
- 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. 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.

# Are services effective?

**We rated effective as Good because:**

## **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.**

- 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

## **Monitoring care and treatment**

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

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

## **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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- 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, including the Integrated Care Board, NHSE, individual GP practices and Primary Care Network staff when appropriate.
- Before providing treatment, doctors at the location where care was delivered 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.

# 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.
- 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- 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:**

## **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received. Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## **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. 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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

## **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:**

## **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.**

- Services were developed with the full participation of those who used them, staff and external partners. Innovative approaches were used to gather feedback from people who used the services and the public.
- The provider understood the needs of their patients and improved services in response to those needs.
- 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.

## **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 treatment.
- 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 at the location where care was delivered was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- 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 complaints 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.

# Are services well-led?

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

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- The provider's approach to service delivery had integration at the heart of any service development. They worked in coordination with others to make sure they were meeting the needs of the local population. The service was a key component of wider system integration and formed a part of the clinical commissioning group's overall provision.
- Quality improvement was an essential component of the provider's strategy. We found they had comprehensive quality and improvement systems, supported by a thorough approach to audit. There was a strong focus on improvement within the service by seeking out and embedding new ways of providing care and treatment.

## **Leadership capacity and capability**

There was strong leadership at the service, working together internally and also with external partners to drive and improve high-quality person-centred care.

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

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was a deeply embedded system of leadership development and succession planning.
- Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- 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. We saw that each manager or leader had at least one person shadowing them to gain experience for future leadership roles.

## **Vision and strategy**

### **The service had 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, which recognised that any short-term plans may need to be flexible in response to COVID 19, flu and other surges in demand.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider monitored progress against delivery of the strategy.

## **Culture**

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

# Are services well-led?

- Leaders had an inspiring shared purpose and were committed to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff members. There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce.
- Staff we communicated with felt respected, supported and valued. They were proud to work for the service. There were high levels of staff satisfaction. Staff were proud of the organisation and there were high levels of staff engagement. Staff were encouraged to raise concerns.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- 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 we communicated with, 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 development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The provider produced a newsletter for all staff employed in their organisation, this gave updates on staff, pilots which they were involved in and service improvements.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

- The administrative records for the provider's other two locations, Weekend Service (Rayleigh) and GPHA Clinical Site are held at Headquarters. All services provided by the provider are co-ordinated from this site. Governance and direction is co-ordinated at this location. No patients are treated at this location.
- 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. We saw agendas and minutes of regular governance meetings which included risk management, complaints, compliments, patient safety, staff rotas and audits.
- Staff were clear on their roles and accountabilities, including where they had been given lead roles, for example, safeguarding or infection, prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## 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. For example, the service had put contingency plans in place for their services when clinical staff were needed for the COVID 19 vaccine roll out.

# Are services well-led?

- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- 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 service had carried out a significant amount of audit and improvement projects to improve patient care.
- The provider had plans in place and had trained staff for major incidents.

## **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. A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on. In a patient survey conducted by the service, and via verbal feedback, a significant number of patients told the provider that they preferred telephone appointments rather than face to face. In response to this, leaders fed this information back to commissioners who agreed flexibility on the targets for types of appointments offered, in order to meet patient demand.
- The service engaged with the patient participation groups in the PCNs they worked with to gain feedback.
- Staff we communicated with told us that they felt supported by management and the service was nice to work in and they were encouraged to learn new skills.
- 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 strong focus on improvement within the service by seeking out and embedding new ways of providing care and treatment.
- The service could be flexible and set up a service needed by a PCN or the ICB immediately or with a days' notice if required. An example of this is the various COVID-19 clinics and services which were implemented at very short notice and often changed at very short notice to meet the continuing needs of emerging government guidance and the needs of the local population.

## Are services well-led?

- There was a focus on continuous learning and improvement. The provider had recently developed a training hub primarily for staff in the PCNs it worked with, but there was also provision for other staff to access the training. They had acted on feedback from practices that 'on the job' coaching for some roles was not effective, for example, social prescriber. The provider had developed training courses for this and other subject areas to be delivered locally or online. The training courses were accredited and counted as part of staff continuing professional development. Course costs were significantly lower than comparable courses to reduce barriers to take-up but remaining sustainable. The impact of this training hub was that GP practices were able to give their staff the relevant skills and knowledge they needed in a much shorter space of time, improve staff retention and offer promotion within the practice in a more timely fashion.
- The service provided learning opportunities for clinical staff who were at various stages of their training. The feedback from this training had been very good, particularly because the range of job roles the trainees were able to shadow was wide. This had the impact of the trainees being able to complete sections of their learning in a timely manner.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.