

Healthy Balance Clinics Limited

Healthy Balance

Inspection report

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Overall summary

We carried out an announced comprehensive inspection of Healthy Balance in Buckinghamshire on 14 February 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.

Healthy Balance provides private GP services including the provision of a joint injection clinic. Services and treatment are available for adults and children. Additionally, the GPs can request investigations (electrocardiograms, blood tests, x-rays and scans) to assist diagnosis.

Healthy Balance also has arrangements in place with external healthcare professionals who provide services from their premises.

Healthy Balance has core opening hours of Monday to Friday from 9am to 5pm. In addition to the core hours, Healthy Balance is open until 8pm on Tuesday and Thursday evenings and between 9am and 12 noon each Saturday. This service is not required to offer an out of hours service. Patients who need medical assistance out of corporate operating hours are requested to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency. This is detailed in patient literature supplied by the service.

Healthy Balance is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by

Summary of findings

CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some of the services available at Healthy Balance for example chiropody, osteopathy and nutrition services are exempt by law from CQC regulation. Therefore we were only able to inspect GP services including the joint injection clinic as part of this inspection.

The practice manager 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection, we received 41 completed comment cards which were all positive about the standard of care they received. The service was described as excellent, professional, helpful and caring. However, there was no method to establish how many of the cards referred to the GP services provided.

Our key findings were:

- Activity within the GP service including the joint injection clinic was increasing each year since the launch of the service in 2012.
- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The service ensured that care and treatment was delivered according to evidence-based research or guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service was proactive in seeking patient feedback and identifying and solving concerns.
- The culture of the service encouraged candour, openness and honesty.

There were areas where the provider could make improvements and should:

- Review and implement a programme with the view to increase the level of quality improvement; this may include further clinical audit activity.

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 clear systems to keep patients safe and safeguarded from abuse. The service saw children under the age of 18 and all staff were trained to an appropriate level for their role in both child and adult safeguarding.
- The service maintained appropriate standards of cleanliness and hygiene. We saw there was an effective system to manage infection prevention and control. Infection control was monitored through daily, weekly and monthly checks. However, the service did not complete an annual infection control audit. During the inspection the service reviewed national guidance and created a specific annual infection control audit which aligned with the infection prevention control policy and corresponding daily, weekly and monthly checks.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- There were comprehensive risk assessments in relation to safety issues.
- The service had an awareness of the need to review and investigate when things went wrong. However, no significant incidents had been identified by the provider in the previous 12 months.

Are services effective?

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

- The service provided data which indicated the activity within the GP service including the joint injection clinic was small, yet growing and there was insufficient data and outcomes to complete effective clinical audits.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The GPs promoted healthy living and gave advice opportunistically or when requested by a patient about how to live healthier lives. Where appropriate this included sharing information about other services provided by Healthy Balance, NHS GPs and other services in the local area.
- We saw consent policies and various procedures to ensure these were complied with. There were consent forms for different ages of children who may attend a consultation at the service.

Are services caring?

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

- We observed a relaxed and friendly atmosphere at the service and members of staff were courteous and helpful to patients whilst treating them with dignity and respect.
- There was patient information literature which contained information for patients and relatives including procedural information. This information was also available on the services website.
- Feedback highlighted patients felt involved in decision making about the care and treatment they received.
- Patients and their carers were assisted in finding further information and access to other services as appropriate.

Summary of findings

Are services responsive to people's needs?

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

- The service was responsive to patient needs. GP services at Healthy Balance could be accessed in person by attending the service or through a telephone enquiry. Other information and general enquires could be accessed through the website, www.healthy-balance.co.uk.
- Patients were able to access subscription-free fee based care and treatment from the service within an acceptable timescale for their needs.
- The complaint policy and procedures were in line with recognised guidance. This included a designated responsible person who handled complaints across the service. All patient satisfaction feedback was overwhelmingly positive.

Are services well-led?

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

- There was a clear vision and strategy for the variety of services including the GP services and joint injection clinic.
- Staff had the knowledge, experience and skills to deliver high quality care and treatment. The service had a suite of policies and systems and processes in place to identify and manage risks and to support good governance.
- The service actively engaged with staff and patients to support improvement and had a culture of learning.
- The service was continuing to review information technology systems across the organisation to improve the effectiveness of access to, and sharing of, patient information.

Healthy Balance

Detailed findings

Background to this inspection

Healthy Balance provides private GP services including a joint injection clinic to adults and children. The registered provider is Healthy Balance Clinics Limited.

Services are provided from:

- Healthy Balance, 51 High Street, Great Missenden, Buckinghamshire HP16 0AL

The service website is:

- www.healthy-balance.co.uk

Healthy Balance was founded in 2002 and is located in converted premises within Great Missenden in Buckinghamshire. All Healthy Balance services including GP services are provided from the same premises, which contain a minor operations suite, a talking therapy room and three treatment rooms. There is an open plan reception area and waiting area with a variety of seating.

Some of the services available at Healthy Balance are exempt by law from Care Quality Commission (CQC) regulation. Therefore we were only able to inspect the provision of GP services and joint injection clinic as part of this inspection. The GP services team provided at Healthy Balance consist of two GPs (one female GP and one male GP), a practice manager, reception manager and receptionist.

Healthy Balance also provide GP services to patients from foreign countries who require medical assistance whilst visiting the UK from abroad. These are mostly single consultations.

Healthy Balance has core opening hours of Monday to Friday from 9am to 5pm. In addition to the core hours, Healthy Balance is open until 8pm on Tuesday and

Thursday evenings and between 9am and 12 noon each Saturday. This service is not required to offer an out of hours service. Patients who need medical assistance out of corporate operating hours are requested to seek assistance from alternative services. This is detailed in patient literature supplied by the service.

The inspection on 14 February 2018 was led by a CQC inspector who was accompanied by a GP specialist advisor.

During our visit we:

- Spoke with a range of staff, including both GPs who provide GP services and the practice manager who manages the full range of services including the GP services.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.
- Reviewed documents relating to the service.

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

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

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

Are services safe?

Our findings

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

Safety systems and processes

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

- The service conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and refresher training. There were systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff in both digital and hard copies. They outlined clearly who to go to for further guidance.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. There was a policy to check all staff through the Disclosure and Barring Service (DBS). (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).
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The service saw children under the age of 18 and all staff were trained to an appropriate level for their role in both child and adult safeguarding. For example, both GPs were trained to level three children safeguarding, one of the GPs was the service safeguarding lead.
- Healthy Balance operated a strict chaperone policy which was available on the website and visible in the service. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professionals during a medical examination or procedure). We saw practitioners do not treat children under the age of 18 without a parent or guardian present. Although guidance from the General Medicine Council advises, at 16, a young person can be presumed to have the capacity to consent to treatment without a chaperone; it was Healthy Balance's policy to always have a chaperone or parent present for the 16-18 age group and advises its associates accordingly.
- Both GPs were up to date with their professional revalidations and the service checked annually to assure themselves that professional registrations were current.
- The service maintained appropriate standards of cleanliness and hygiene. We saw there was an effective system to manage infection prevention and control. The practice manager was the infection control lead and all staff had received infection control training. There was an infection prevention control policy in place and the service made an annual infection statement in accordance with the requirements of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. Infection control was monitored through daily, weekly and monthly checks. However, the service did not complete an annual infection control audit. During the inspection we saw the service reviewed national guidance and created a specific annual infection control audit which aligned with the infection prevention control policy and corresponding daily, weekly and monthly checks. There were spill kits available in the event of a body fluid spillage.
- We saw hand washing facilities and hand sanitising gel was available at point of care in all treatment rooms, including other areas of the service. This was in line with epic3: 'National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England' (epic3) and Health Technical Memorandum (HTM) 00-09.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- There was an up to date fire risk assessment, staff had received fire safety training and the service carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use. Throughout the inspection we observed all clinical equipment had been calibrated where relevant to ensure it was working properly. The service had a variety of other risk

Are services safe?

assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and an legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Risks to patients

Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. All staff received annual basic life support training and there were emergency medicines available in the treatment room. These were easily accessible to staff in a secure area of the service and all staff knew of their location. All the medicines were checked monthly, were in date and stored securely. The service had a defibrillator and oxygen available on the premises. The defibrillator pads, battery and the oxygen were all in date and the oxygen cylinder was full. A first aid kit and accident book were available.

Both clinicians were current members of professional indemnity schemes.

Information to deliver safe care and treatment

Information needed to deliver safe care and treatment was available to the relevant staff in a timely manner.

- The service kept an electronic secure clinical record for each patient that attended a consultation.
- When a patient arrived for their appointment, they were asked for their name, date of birth and identity checked to confirm these details correlated with the original contact information supplied.
- There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

We saw reliable systems for appropriate and safe handling of medicines. The systems for managing medicines, including supplied medicines, medical gases, and emergency medicines and equipment minimised risks.

The service used solely private outpatient prescriptions; we saw an ongoing review of the governance arrangements to monitor the use of these prescriptions as the GP service continued to grow.

The GPs prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current local and national guidance. Through our discussions with the GPs there was evidence of actions taken to support good antimicrobial stewardship.

Track record on safety

There was a good safety record; this included comprehensive risk assessments in relation to safety issues. These assessments helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

We reviewed medicine and other safety alerts and found they were recorded, and shared with relevant staff. Although the service was not subscribed directly to receive alerts, the two GPs received service specific alerts. These alerts were reviewed by the GPs to see if they were applicable to the service.

Lessons learned and improvements made

The service had an awareness of the need to review and investigate when things went wrong. No significant incidents had been identified by the provider in the previous 12 months. However, a review of the significant incident policy, supporting correspondence and through discussions with the GPs and practice manager suggested identification and management of incidents would be handled appropriately.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available.
- Staff were able to describe the rationale and process of duty of candour. This relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

Are services effective?

(for example, treatment is effective)

Our findings

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

The provider should continue to review and implement a programme with the view to increase the level of quality improvement; this may include increased clinical audit activity.

Effective needs assessment, care and treatment

The two GPs assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Patients' needs were assessed and options for management of their condition discussed. We saw no evidence of discrimination when making care and treatment decisions and patients were advised what to do if their condition got worse and where to seek further help and support.

The service monitored that these guidelines were followed through an up-to-date medical history, a clinical assessment and recording of consent to treatment.

Monitoring care and treatment

The service provided data which indicated the activity within the GP service including the joint injection clinic was small, yet growing and there was insufficient data and outcomes to complete effective clinical audits at the time of inspection.

- Data provided by the service demonstrated since 2016, there had been three steroid joint injections, one in 2016 and two in 2017. Steroid joint injections are anti-inflammatory medicines used to treat a range of conditions such as joint pain and arthritis.
- Data provided by the service demonstrated since 2016, there had been two electrocardiograms (ECGs), both in October 2017. An ECG is a test that can be used to check the heart rhythm and electrical activity.
- Data provided by the service demonstrated in 2014/15, there had been 29 GP appointments, this increased to 63 in 2015/16, increased again to 82 in 2016/17 and in the last 12 months (February 2017 – February 2018) there had been a significant increase to 159 GP appointments.

The GPs and practice manager discussed imminent plans for quality improvement activity, these plans would review the effectiveness and appropriateness of the care provided, specifically now the GP service had increased significantly in the last 12 months. For example, using the 159 patient consultations in 2017, the service was ready to audit prescribing activity, specifically antibiotic prescribing. The GPs we spoke with demonstrated awareness to help prevent the development of current and future bacterial resistance. This included evidence of antibiotic prescribing in accordance to the principles of antimicrobial stewardship, such as prescribing antibiotics only when they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats).

Until clinical audit activity increased, the service was able to demonstrate how they monitored patients undergoing treatment.

- The practice manager also completed a variety of audits with a view to improve patient care and safety. These included audits of clinical and medicine records. The target for compliance was 100% and any results below this level had action plans written and a review planned.
- We also looked at the post treatment questionnaire completed by patients. We reviewed completed surveys for 2015 (32 responses), 2016 (19 responses) and 2017 (21 responses). We saw the service had reviewed and analysed the results of the surveys, with previous years to ensure that their standards were high and any trends or patterns could be identified.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for newly appointed members of staff that covered topics such as safeguarding, infection control, fire safety, health and safety and confidentiality.
- Programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role.
- All staff had received an appraisal within the last 12 months. We saw in 2016, during a period of transition

Are services effective?

(for example, treatment is effective)

there had been a temporary pause in the appraisal programme and during this period staff did not receive a formal appraisal. The appraisal programme restarted in 2017 and we saw plans for further appraisals in 2018.

- The GPs were up to date with their yearly continuing professional development requirements and we saw evidence to confirm the last appraisal. We saw records which demonstrated that the GPs attended various training updates; this was mainly recorded through their work at local GP practices.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, in-house training and online training. For example, staff attended a community dementia workshop in the local village as the village strove to become dementia friendly.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included, where appropriate, medical records and investigation and test results.

The systems to manage and share the information that is needed to deliver effective care were coordinated across services. The service shared relevant information with other independent services when necessary and there were communication links between the service and the patients' NHS GPs. We also saw examples of patients' involvement in the information sharing process by consenting to share information between NHS, private and independent services.

Supporting patients to live healthier lives

The GPs promoted healthy living and gave advice opportunistically or when requested by a patient about how to live healthier lives. Through discussions with staff we saw the service encouraged and supported patients to become involved in monitoring and managing their health and discussed suggested care or treatment options with patients and their carers as necessary.

Where appropriate this included sharing information about other services provided by Healthy Balance, NHS GPs and

other services in the local area. For example, patients could (if appropriate) be referred to the Clinical Nutritionist for nutritional advice or a therapist for smoking cessation advice.

The reception and waiting area within the service had a full range of leaflets providing information on various conditions, health promotion, support organisations and alternative care providers. Information leaflets were themed and aligned with national awareness programmes. During the February 2018 inspection, we saw patient information and reading materials which supported patients to live healthier lives with an emphasis on heart disease and awareness of heart conditions.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance. Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making. Clinicians supported patients to make decisions. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. For example:

- We saw consent policies and various procedures to ensure these were complied with. There were consent forms for different ages of children who may attend a consultation at the service. The under-14 consent policy was designed to be signed solely by the parent/guardian or other authorised adult. The 14-16 year old policy was designed differently, to incorporate how consent had been discussed with the teenager, although obtained and signed for by the responsible adult. This ensured that appropriate levels of consent were sought.
- The service displayed full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments. This was displayed on the website, in the reception area and was included in all patient literature information packs. This information clearly outlined what was and

Are services effective?

(for example, treatment is effective)

what wasn't included in the treatment costs. For example, a repeat prescription request without an appointment did not include the price of the prescribed medicine.

Are services caring?

Our findings

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

Kindness, respect and compassion

During our inspection we observed a relaxed and friendly atmosphere at the service and members of staff were courteous and helpful to patients whilst treating them with dignity and respect.

Curtains and electronic black out blinds were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed and music was played in the waiting room to ensure that during consultations, conversations taking place could not be overheard.

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. Chaperones were available on request and as there was a male GP and a female GP, patients had an option of who they saw.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection, we received 41 completed comment cards which were all positive about the standard of care they received. The service was described as excellent, professional, helpful and caring. However, there was no method to establish how many of the cards referred to the GP services provided.

Each year the service completed an in-house patient satisfaction survey. This survey included questions about the different stages of accessing services. We reviewed the patient satisfaction surveys and responses for 2015, 2016 and 2017. All responses demonstrated high levels of satisfaction.

The surveys also included options to allow patients to rate the service using a tool similar to the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed.

- In 2017, 100% of respondents (21 responses) would recommend Healthy Balance to their friends and family, similarly in 2016 and 2015, 100% of respondents (19 responses in 2016 and 32 respondents in 2015) would recommend the service to their friends and family,

Since the launch of Healthy Balance in 2012, the service had won two 'what clinic' customer service awards. The last award was awarded in 2016 and was awarded to services which demonstrated excellent customer service including responding to patient enquiries.

Involvement in decisions about care and treatment

Written patient feedback told us that they felt involved in decision making about the care and treatment they received.

- Staff introduced themselves by name to the patient and relatives.
- There was patient information literature which contained information for patients and relatives including procedural information. This information was also available on the services website. Both paper literature and digital literature included relevant and up to date information including what can be treated and the different types of treatment available.
- Feedback highlighted patients felt involved in decision making about the care and treatment they received.
- Patients and their carers were assisted in finding further information and access other services as appropriate.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect and the service complied with the Data Protection Act 1998. All confidential information was stored securely on computers.
- The reception team made outbound telephone calls away from the reception area to promote confidentiality.
- Appointments for all services provided by Healthy Balance were coordinated and scheduled to avoid a busy reception area and strengthen existing privacy and dignity arrangements.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

GP services at Healthy Balance could be accessed in person by attending the service or through a telephone enquiry. Other information and general enquires could be accessed through the website, www.healthy-balance.co.uk. There had been a review on the potential of online appointment booking; the decision had been made, to continue to include a personal element into the appointment booking process to ensure patients accessed the correct type of service.

- The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences. Healthy Balance understood the needs of its population and tailored services in response to those needs. For example, the service was open late on two evenings a week and also on Saturday mornings.
- There was an efficient referral process and the service also had direct access to a list of specialist consultants for patient's referrals at the local private hospital.
- The facilities and premises were appropriate for the services delivered and reasonable adjustments were made when patients found it hard to access services. For example, following patient feedback the service replaced the seats in the waiting area with a different type of seating. This was highlighted by patients accessing the service with musculoskeletal concerns.
- Healthy Balance was situated on two stories in a converted building; there was a large designated car park, with disabled parking, ramp access, automatic doors and a hearing loop. Although there was no lift, arrangements could be made to consult in a ground floor room. There were accessible and baby change facilities available.
- The service was offered via subscription free, fee basis. There was a range of payment options to patients.
- Information was made available to patients in a variety of formats, including large print and through detailed leaflets available in the service and on the Healthy Balance website. Staff explained how they

communicated with patients who had different communication needs such as those who spoke another language. For example, staff were able to access translation services if required. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. This aligned to one of Healthy Balances objectives, 'to respect every patient, regardless of age, race, culture or religion and instil the importance of treating every patient with respect and dignity'.

Timely access to the service

Healthy Balance had core opening hours of Monday to Friday from 9am to 5pm. In addition to the core hours, Healthy Balance was open until 8pm on Tuesday and Thursday evenings and between 9am and 12 noon each Saturday.

Bookings were recorded on an electronic booking system. This included full personal details as well as free text notes that related to the individual patient. Notes of calls or other contact from patients were also recorded on this system.

Patients were able to access subscription-free fee based care and treatment from the service within an acceptable timescale for their needs. Once an enquiry was made, the reception team electronically messaged the two GPs advising of the appointment request and patients preferred availability. An appointment was then made ensuring patients had timely access to initial assessment, diagnosis and treatment. Waiting times, delays and cancellations were therefore minimal and managed appropriately. For example, we were told approximately 98% of patients had an appointment on the day they requested.

Written patient feedback commented on great flexibility and choice when arranging appointments in line with other commitments.

Listening and learning from concerns and complaints

Information about how to make a complaint or raise concerns was available within the service and on the website. This also included information on how to feedback compliments and make suggestions on the provision of services.

The complaint policy and procedures were in line with recognised guidance. This included a designated responsible person who handled complaints in the service.

Are services responsive to people's needs? (for example, to feedback?)

All patient satisfaction was overwhelmingly positive. As a result the number of complaints was low, for example in the last 12 months, there had been no written complaints and no verbal complaints.

Through our discussions with staff it was evident they took all feedback including complaints and concerns seriously and would respond to them immediately and make appropriate improvements as required.

As so few complaints were received the practice manager pro-actively looked for areas of concern in feedback

received. The practice manager advised of a potential opportunity to complete an investigation of a complaint that an external stakeholder had received and finished investigating and escalate, as a 'virtual' complaint through Healthy Balance's complaint process.

The service reviewed all patient feedback collected; this included the patient survey results and feedback left on the NHS Choices website.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

The Managing Director was also the founder of Healthy Balance and the practice manager was also the registered manager. A registered manager is a person who is registered with the Care Quality Commission and had responsibility for the day to day running of the service. Through conversations, evidence collected during the inspection and a review of correspondence it was evident the practice manager had the capacity and skills to deliver high-quality, sustainable care.

Healthy Balance provided a variety of services with a range of clinicians and expertise. Within the GP services element of Healthy Balance we found a clear leadership and staffing structure and staff were aware of their roles and responsibilities and the limitations of these.

Staff had been provided with training opportunities linked to their roles and responsibilities and professional development goals. We saw processes were in place to check on the suitability of and capability of staff in all roles.

Vision and strategy

Healthy Balance had a clear vision to be the community health hub; there was a credible strategy to deliver this vision alongside high quality care, promotion of good outcomes for patients within a welcoming environment.

Within the vision there were seven interlinked objectives. For example, there was a written objective to support and consider every patient's needs, paying attention to their physical and emotional well-being throughout the time at Healthy Balance.

Staff was aware of and understood the vision, values and strategy and their role in achieving them.

Culture

Staff told us that there was an open culture across the service and they had the opportunity to raise any issues and were confident in doing so and felt supported if they did.

There were positive and longstanding relationships between all staff and teams that provided the variety of services at Healthy Balance.

There was awareness and compliance with the requirements of the Duty of Candour, as the practice manager encouraged a culture of openness and honesty including a no blame policy.

Governance arrangements

The governance arrangements of the service were evidence based and developed through a process of continual learning. We saw there were clear responsibilities, roles and systems of accountability to support good governance and management. The structures, policies, processes and systems were clearly set out, understood and effective and the leadership assured themselves that they were operating as intended.

Management meetings were held each week and every three months all staff who provided GP services met to discuss any issues or concerns.

There was a whistleblowing policy in place and staff had been provided with training in whistleblowing. A whistleblower is someone who can raise concerns about the service or staff within the organisation.

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.

- In the last 12 months, the number of patients accessing GP services had significantly increased. We saw the service had reviewed anticipated and associated risks with this increase. For example, we saw an ongoing review of the governance arrangements to monitor the use of prescriptions as the GP service and number of prescriptions continued to grow.
- The service was fully aware of the limited clinical audit activity. However, we were informed and saw evidence that they continuously reviewed their own clinical practice in line with new guidance and guidelines.
- Staff had been trained for major incidents and although they did not have a specific written business continuity

Are services well-led?

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

plan, there was a list of important phone numbers should there be a failure of infrastructure and management explained what they would do in various scenarios.

- Healthy Balance was aware of national and local challenges, including the changing demand on GP services and increased national activity in private GP services, there was a strategy to manage these challenges. The service also monitored and had a clear understanding of the potential changes within the local community, for example increased residential dwellings and the possibility of a high speed railway located near the village.

Appropriate and accurate information

The service acted on appropriate and accurate information. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. For example, the service was registered and a system was in place to ensure that all patient information was stored and kept confidential. This registration was with the Information Commissioner's Office.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, staff and external partners. It proactively sought patients' feedback and engaged patients in the delivery of the service. For example:

- It had gathered feedback from patients through feedback and in-house patient surveys. We saw that all feedback and survey results were analysed and that actions were implemented as a result.
- The service had also gathered feedback from staff through meetings, discussions and twice yearly social evenings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- There was a designated section on the services website for updates on the service to help keep patients informed.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. There was a focus on continuous learning and improvement at all levels within the service.

- There were a variety of services available within Healthy Balance, the GP services and joint injection service was only one element of the service provisions. We saw the service was continuing to review potential for additional services and additional clinical specialists joining the ever expanding team as the service aims to maximise treatment options.
- The service discussed the possibility of reviewing external incidents and complaints to ensure existing processes were effective.
- The service was continuing to review information technology systems across the organisation to improve the effectiveness of access to, and sharing of, patient information.