



CELEBRATING GOOD CARE, CHAMPIONING OUTSTANDING CARE

MARCH 2015

Our purpose

To make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve.

Our role

- We **register** care providers.
- We **monitor, inspect and rate services**.
- We **take action to protect people who use services**.
- We **speak with our independent voice**, publishing regional and national views of the major quality issues in health and social care.

Our values

- **Excellence** – being a high-performing organisation.
- **Caring** – treating everyone with dignity and respect.
- **Integrity** – doing the right thing.
- **Teamwork** – learning from each other to be the best we can.

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SAFE

EFFECTIVE

CARING

RESPONSIVE

WELL-LED

Celebrating good care, championing outstanding care

Everybody has a right to good care. Much attention is rightly focused on the occasions when people experience poor quality care, but it is also important to recognise where care is good and to celebrate the services that are getting it right.

Some care providers do things well through innovative new ways of working, or by doing the basics well. Others can learn from them and solutions should be shared across the system.

This is the first CQC report to specifically focus on celebrating care that our inspectors have found to be good or outstanding. CQC has made radical and far-reaching changes to the way it inspects and reports on care providers, looking at the quality of health care and adult social care in a new and more robust way.

Our new inspection approach is built on what matters to people. It identifies shortcomings and where we can take action if providers are failing people who use their services. But importantly, our system finds good care for us to share.

Identifying excellence

CQC wants to be a catalyst for change that improves the quality of care people receive. We will do this not only by driving improvement where care is poor, but by identifying excellence and finding and showcasing solutions to the challenges faced by the health and adult social care system. Increasingly, we will be looking at pathways of care between and across organisations, identifying what works well and where there are gaps.

CQC's annual report on the state of health care and adult social care has shown that there is considerable variety in the quality of care provided in England. Among the best care we have found is in services that acknowledge there is always room for improvement – they are proactive about seeking feedback and learning from concerns and complaints.

This report on good and outstanding care is a first look at examples as a result of our new and more rigorous inspection process. We want to celebrate outstanding care where we have found it and find ways to share good practice for others to learn from it.

This report includes a collection of short case studies to illustrate some of the qualities shown by care providers that are rated good or outstanding overall. It also shares the views of some people responsible for care quality and what they do to drive improvement in their services.

What underpins good and outstanding care?

In our new approach to inspection, we assess quality of care at health and adult social care providers on the basis of five key questions. Inspectors report on whether a service is:

- **Safe**
- **Effective**
- **Caring**
- **Responsive**
- **Well-led.**

Three themes in particular are emerging as drivers of better quality of care across the five key questions asked by CQC:

- **Care is person-centred, designed around the individual and includes their involvement.**
- **The importance of the line-of-sight from senior leadership to the frontline staff and services.**
- **Good care includes the provider checking on how well they are doing.**

A care system that works together

Also important is how care services work together. The *NHS England Five Year Forward View* recognises that “England is too diverse for a ‘one size fits all’ care model to apply everywhere” and that, in years to come, more care services will become integrated.

The *Forward View* is part of a move to change the way people receive health and care services. It outlines the new models of care that will be developed, and a radical shift away from traditional, episodic and fragmented health and social care.

During our inspections, we will increasingly focus on how well providers are working together to deliver a good experience of care for people and we will clearly show how that works in practice in our reports. We will share our learning and the good practice we find to help others improve.

Analysing the data from our monitoring and inspection enables us to report on emerging themes across health care and adult social care. We'll be in a unique position in terms of understanding not only how care is delivered in different locations, but of being able to use that information to create a picture of how well the health and social care system is working as a whole for people in different parts of the country.

This work helps CQC to support innovation and informs us when we look at new models of care. The impact of these different models (an example of which is below) is not currently captured and they are not regulated by CQC.

We will bring together information, evidence and expertise to support change and improvement, highlighting excellence and improvement.

Grass roots social enterprise

The **Kingfisher Treasure Seekers** (KTS) in Gloucestershire is a grass roots community group that helps local people. Its aim is to change or transform the lives of "marginalised or struggling" individuals, including children and adults.

With a peer-led approach, KTS is focused on "building community and changing lives" through integrated services. Among those helped by Kingfisher are adults with learning disabilities and people who are leaving drug treatment – their aim is to provide a daily supportive environment.

Jan Burn, director and community lead at KTS said: "Seeing people's lives change, especially those who might otherwise not have opportunities, allows us all to grow."



“The people we care for are vulnerable...
but so much is possible.”

SAFE

EFFECTIVE

CARING

RESPONSIVE

WELL-LED

“Staff are kind to me – I like the chats”

People’s comments about **The Ridgeway** in Romford exemplify why this is rated an outstanding provider of adult social care services.

The Ridgeway provides supported care for up to four adults with learning disabilities and other complex needs.

The service was described to CQC as “second to none” by the relative of someone in the care of The Ridgeway.

Sheila Morgan, registered manager at The Ridgeway, says that when supporting people, she is always considering how she would want to be treated.

“We understand the importance of CQC and the ratings, but I also see the standards of care as something we should be doing anyway. If someone moves in, you look at it as though it’s your own life.

“People might want a job or they want to socialise, people have to pay bills and they have hobbies – so what can we do to support them? The challenge is to be creative.”

In January 2015 CQC rated The Ridgeway as outstanding overall. Our report shows how The Ridgeway puts safety at the heart of its person-centred care.

Support plans for people using the services include personal risk assessments – there is evidence of the care taken to ensure staffing levels meet people’s needs. Staff at The Ridgeway also discuss ‘how to stay safe’ at every monthly meeting.

“That’s where the creative part comes in,” says Sheila. “When supporting individuals to find employment, we contact local businesses, talk to disability employment advisers – there is a lot of knocking on doors. We find out what people want to do.

“There can be safety issues,” adds Sheila. “It is easy to see too many risks and wrap people in cotton wool. The people we support can be vulnerable but we use positive risk-taking to ensure they have the same opportunities as everyone else.”

“We supported three individuals to climb to the top of the O2 in London. One of them was registered blind and the other two used a wheelchair. We researched

it and yes, you can get wheelchairs up there. We talked to them about it and of course there is some anxiety around it, but we did the risk assessment and we managed it. How did we do it? We didn't rule it out!"

The Ridgeway was rated good for its safety following an unannounced inspection. Individuals' needs and their preferences are at the heart of The Ridgeway's approach – those being supported told CQC that they were listened to on matters such as nutrition, personal care, finances, medication, health appointments and bedtimes.

Risks for individuals had been identified – for example, one person had a speech and language therapist specially assigned because they were in danger of choking, and an epileptic monitor was in place for someone at risk of a seizure.

"So much is possible," says Sheila. "We support a young man with cerebral palsy who really wants to go paintballing – that is risky of course. He could end up black and blue! So, we start with something similar, like 'laser quest' and he's not at risk. It's the same sort of enjoyment."

"He also loves rock music – he wanted to go to nightclubs and he particularly likes rock and grunge music, so we supported him to go to a club called Church of Rock on Sundays. He's now DJing with the other DJs. As he stays out late he is always really tired the next morning so we supported him to visit his GP to change the times of his morning medication."

Staff at The Ridgeway discuss 'how to stay safe' at every monthly meeting

The Ridgeway			
OVERALL Outstanding	SAFE	Good	●
	EFFECTIVE	Good	●
	CARING	Good	●
	RESPONSIVE	Outstanding	☆
	WELL-LED	Outstanding	☆

“Our critical friends”

Systems are in place to monitor all aspects of patient safety at **East Lancashire Medical Services Primary Care Out-of-Hours**.

East Lancashire Medical Services (ELMS) is based on the site of Royal Blackburn Hospital and was rated good overall by CQC in November 2014. One significant factor in its rating of good for safety was the clear lines of accountability for monitoring safety and responding to risk across all aspects of patient care and treatment.

Chief executive Diane Ridgway is quick to point to some success factors for ELMS’ performance on safety, as well as its ratings in the other key questions in CQC’s new approach to inspection.

“We have a very active patients’ voice group,” says Diane. “They are our critical friends, and we have a very flat management structure.”

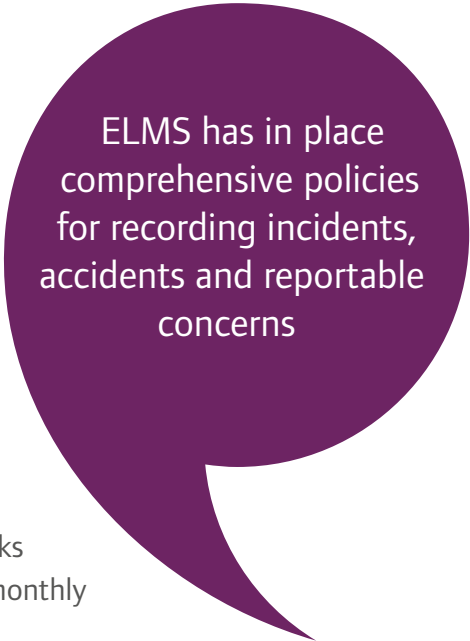
ELMS has in place comprehensive policies and protocols for recording incidents, accidents and reportable concerns – and the care staff were aware of their responsibilities. The service is rated good in all the CQC key questions.

However, Diane admits “it isn’t easy”.

She describes ELMS’ performance monitoring as “open and transparent” and reaffirms the importance that her own role isn’t too removed from the front line and the patients.

“I take it very seriously,” she says. “Monitoring of complaints runs right through the organisation. It makes us very conscious of how we are performing – we have a patients’ voice representative in each of the localities we cover and that is at least 16 people in a group who hold us to account.”

Among the service’s strengths is the way it checks on its own quality of care: GPs and nurses had monthly



ELMS has in place comprehensive policies for recording incidents, accidents and reportable concerns

reviews of their records through a system called Clinical Guardian to ensure treatment and management of patients was in line with best practice.

ELMS offers its out-of-hours service to a population of about 540,000 – and it is a service that demonstrates its intention to be more effective.

“I was a nurse and I understand it’s important to put the patient first,” adds Diane, who has been CEO at ELMS for seven years. “I moved into clinical audit and governance, so professionally I’ve grown up with inspections. We have leadership stability, and standards are very important, but much of this is common sense too.

“At ELMS we have weekly team meetings and quarterly council meetings – I also have an open-door policy. Our patient chairman is here most days, my office looks out at the car park – staff can see where I am, they know when I’m in – we have a high level of trust throughout and they’ll be the first to tell me, face-to-face, if there is something important.”

CQC has found that patients were “extremely satisfied” with care and treatment. Managers have in place a variety of performance check mechanisms – and there is mandatory training. There is also a system in place for clinical audit cycles, such as medication audits of hypnotic drugs and antibiotic prescribing.

East Lancashire Medical Services Primary Care Out-of-Hours			
OVERALL Good	SAFE		Good ●
	EFFECTIVE		Good ●
	CARING		Good ●
	RESPONSIVE		Good ●
	WELL-LED		Good ●



“Staff are always prepared to go the extra mile to understand what matters.”

SAFE

EFFECTIVE

CARING

RESPONSIVE

WELL-LED

“An exceptional place”

St Cuthbert’s Hospice in Durham is an outstanding care provider that puts individuals and their personal needs at the heart of its effectiveness.

Reporting in January 2015, CQC heard comments including, “The staff and volunteers are just brilliant”.

There were no negative comments about St Cuthbert’s Hospice.


The hospice provides accommodation and nursing care for up to 12 people in Durham. The hospice was found to follow palliative care principles that promote autonomy and independence for as long as possible – this was borne out in many different ways.

Paul Marriott, chief executive at St Cuthbert’s, says the heart of what makes the hospice outstanding is its “shared culture and values among staff”.

“Everyone is committed to the culture of the hospice movement, which treats patients and visitors as guests who are at the centre of everything we do, rather than service users who receive a standard service. A typical example would be the decision by nursing staff recently to make a ‘whisky lolly’ for one of our guests who had lost his swallowing reflex. Staff are always prepared to go the extra mile to understand what matters to our guests and then make that happen.”

The care is person-centred. For example, our CQC inspection heard people being asked whether they would like a bath that day; individual care was planned to support the ‘total wellbeing’ of each person. This included physical, psychological, social and spiritual needs.

One relative of a person cared for at St Cuthbert’s told an inspector, “They [staff] have consulted me and my family at every stage.” Another described seeing the care for their relative as “extremely comforting” – they also described the support as “excellent”.



Individual care was planned to support the ‘total wellbeing’ of each person

“It would be wrong not to mention our volunteers,” says Paul Marriott. “Last year, the hours of service our volunteers contributed were the same as would be contributed by 39 full-time staff. This makes a tremendous difference to the service we offer, not just in the amount of things we can do because of their involvement, but also to the quality of what we do. They are the visible expression of a community in Durham that really cares about people with life-limiting illnesses – this makes a tremendous difference to our guests and their families.”

A result of the personal approach by St Cuthbert’s was illustrated in one comment to a CQC inspector by a person cared for at the hospice, who said, “Everything is tailored to my needs. I have a very complex condition... the staff explain everything to me. I think St Cuthbert’s offers a lifeline and it is an exceptional place.”

“So many staff show real leadership across the organisation, bringing forward ideas and then taking them forward to make a difference,” says Paul Marriott.

“This can range from our guest services manager reviewing our approach to nutrition, to members of the Day Hospice team considering how best to consult with guests about service development.

“With this leadership, which is manifest throughout St Cuthbert’s Hospice, we are seeing innovation happen across the organisation. From improved services for guests with dementia through to outreach into the community, and with many more examples in between, this ensures that we always move forward in the interests of the people we serve.”

St Cuthbert’s Hospice			
OVERALL Outstanding	SAFE	Good	●
	EFFECTIVE	Outstanding	☆
	CARING	Outstanding	☆
	RESPONSIVE	Good	●
	WELL-LED	Outstanding	☆

“Patients are engaged”

Based in Matlock, Derbyshire, **Dr PJP Holden & Partners** is a primary medical service that is rated outstanding by CQC – its effectiveness can be seen in its excellent leadership and its own performance tracking.

The practice knows the needs of the local patient population.


“We begin our journey of effectiveness at the first point of contact with the patients,” says Martin Donohoe, the practice manager. “By providing new patient appointments, we gain a very early insight into the needs of each individual and can then start to put in place an integrated care plan to ensure all needs are met.

“This approach is then adjusted during the patient journey to ensure outcomes are appropriate. Patients are engaged with sharing responsibility for formulating and accepting of their individual care plans and no decisions are made without their express consent.”

Clinical staff interviewed by CQC during the inspection said they received updates about best practice. Minutes of weekly staff meetings confirmed staff discussions about clinical issues and changes in practice, and GPs have taken lead roles in clinical areas such as diabetes and asthma, which is supported by practice nurses.

“Accountability is shared throughout the practice to ensure clinical lead roles are meaningful and also that the practice is not reliant on any one individual,” adds Martin.

“The practice participates in all enhanced services available and does not restrict itself to the delivery of the core contract. Due to its rural location it is very aware of its responsibility in providing as many local services as possible to its patient population.”



Staff have clear roles in monitoring and improving outcomes for patients

There are strong community connections at Dr PJP Holden & Partners. The practice covers a rural area. Patient engagement is an important aspect. The practice continually contacts its patients either by face-to-face dialogue or through surveys and patient participation groups to ensure that it flexes to changing needs. Newsletters and continual website updates also help to inform patients on the standard information plus any recent developments.

“Although the need to be responsive is key, so too is the need to carry out other work in a planned way,” adds Martin. “The practice ensures work programmes are formulated and adopted by the practice to ensure everyone is aware of their accountability lines. Plans will show who is doing what and by when.”

The practice manager and community matron meet with care home managers regularly. One patient’s health was noted to improve when referred to an appropriate service after multiple calls to the GP out-of-hours service.

CQC says this service is “very effective” because staff have clear roles in monitoring and improving outcomes for patients.


“An open culture exists to not only celebrate the good but also to learn from things that could have been done better,” says Martin.

“Management information arising from patient activity is studied to ensure activity is appropriate and that areas of improvement are identified and acted on in a timely manner.”

Clinical audits are used, linked to the use of a national measurement tool for performance – this showed the practice was above average for quality and outcomes.

This practice shares the results of clinical audits with staff at team and clinical meetings, and staff are able to discuss clinical issues and peer review each other’s practice to drive improvements.

Underpinning this work are the governance issues, both clinical and financial, and although these are quite rightly ‘silent areas of activity’ to the patient, they are fundamental to ensure a risk-free environment is maintained.



Accountability is shared throughout the practice

Both clinical and non-clinical members of the team are engaged with comprehensive appraisal and training to ensure all knowledge is current and fit for purpose.

The CQC inspection resulted in a rating of outstanding overall for Dr PJP Holden & Partners, driven by outstanding ratings for its effectiveness and for being well-led. In our January 2015 CQC inspection report, we describe the practice leadership as “enabling staff to drive continuous improvement” with “innovative ways of working to meet patients’ needs”.

Dr PJP Holden & Partners			
OVERALL Outstanding	SAFE	Good	●
	EFFECTIVE	Outstanding	☆
	CARING	Good	●
	RESPONSIVE	Good	●
	WELL-LED	Outstanding	☆

EFFECTIVE



CARING

“It is not about tasks, it is caring for someone in a holistic way.”

SAFE

EFFECTIVE

CARING

RESPONSIVE

WELL-LED

“More than just a job”

Home Instead Senior Care is an outstanding provider of home care services, based in Ormskirk in West Lancashire. It is one of the first care services to be rated outstanding by CQC.

Run by Robert and Gail Godson, Home Instead West Lancashire and Chorley provides a wide range of care, including support for people with physical disabilities and mental health needs.

“From the minute someone makes contact with us, it’s personal,” says Robert Godson. “We believe in this ethos passionately. It is genuinely personal, otherwise we wouldn’t do this. People have no idea where to start their journey, where to find high quality care at home. We embraced CQC – you have to start with people’s rights. Strategies are all well and good, but we start with the human factor.”


Home Instead West Lancashire and Chorley was rated outstanding overall in January 2015. The service achieved the highest rating in three out of five of CQC’s five key questions, covering safety, caring and responsiveness.

The leadership characteristics and person-centred approach found at Home Instead are familiar in other excellent providers across the care sectors. Staff are highly motivated and proud of their service, and there are strong links with external organisations and the local community.

One person who was cared for by Home Instead summed up their experience by saying, “I think it’s more than just a job to them.”

Gail Godson says this is a value that runs through everything that they do.

“We want to be the best we can and provide the highest possible quality services. Good care has to be personal. One person we looked after was susceptible



It is not about tasks, it is caring for someone in a holistic way

to falling over. You have to sit down with a person and make sure they are eating properly – and if not, then find out why not. Some people will articulate the cost factor, the time involved. We hear this day-in, day-out.

“You need to find out why the person is falling over. Think about the human factor. You have to take time. You don’t want someone going to hospital and using a hospital bed if they don’t need to – and you know they don’t want to be in hospital. If an older person is not eating properly, of course they will be tired and weak and more likely to fall.”

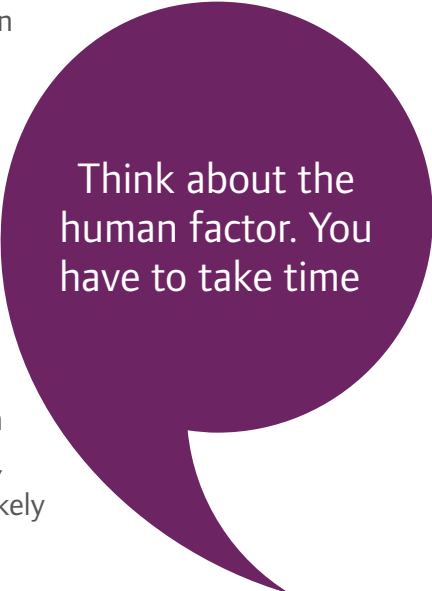
When CQC inspected this service at 48 hours’ notice, Home Instead was caring for 31 people. Inspectors spoke to people who used their services and the feedback was overwhelmingly positive.

It was among the feedback that inspectors found some of the evidence that helps pinpoint why Home Instead is an outstanding care provider. The managers promote strong values, with an emphasis on continuous improvement. As a result, people who use the services benefit from this.

Central to this provider’s top rating for its caring approach was feedback from staff, external professionals and people who have used the services. The CQC lead inspector and an Expert by Experience also watched interactions between staff and the people being cared for.

There was excellent emotional support which was also recorded in personal care plans – staff made special visits to one person who needed some time in a care home, away from her normal routine. Home Instead staff visited her regularly, just to make sure she “saw a friendly face”. This reassurance is important for some people. It was a strong example of recognising an individual’s needs and caring about them.

Home Instead West Lancashire and Chorley aims to hold true to the principles on which its service is built: kindness, respect, dignity and compassion. On inspection, there were personal touches that clearly reflected this. One care worker told our CQC inspector how she ordered books by a particular poet from



Think about the human factor. You have to take time

a library because she was aware that someone in her care told her she loved the writer.

Another member of staff told the inspector that Home Instead was special because it focused on “the little things that matter most to people”. Examples included spending time with people and offering companionship.

Gail Godson describes the Home Instead approach as “like putting a wrapper around the care” for a person.

“It is not about tasks, it is caring for someone in a holistic way. When you are supporting someone, the foundation is their physical wellbeing. It is putting in place the basics, such as nutrition and warmth.

“With one person we care for, we replaced their coal fire with an oil fire. Older people cannot regulate their body temperature well – they don’t always know if they are too cold. We made sure the background temperature was right for this person. The caring part of what we do is about making judgements. Some of it is common sense, but we have to be proactive and make those judgements.”

Home Instead Senior Care, West Lancashire & Chorley			
OVERALL Outstanding	SAFE	Good	●
	EFFECTIVE	Outstanding	☆
	CARING	Outstanding	☆
	RESPONSIVE	Outstanding	☆
	WELL-LED	Good	●

“Caring for carers too”

A “patient-centred culture” is central to the outstanding primary care service at **Radbroke Green Surgery** in Shropshire.

CQC’s January 2015 inspection report on Radbrook Green includes glowing references to the way staff are “motivated and inspired” to offer kind and compassionate care. The surgery is focused on people’s choices and personal preferences are valued and acted on.

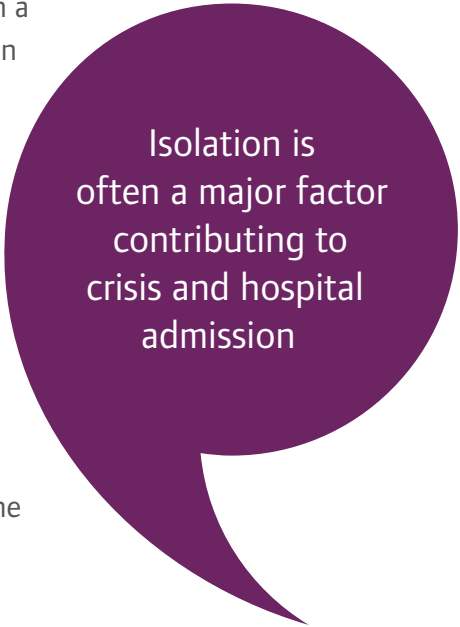
Tony Marriott, managing partner at Radbrook Green, says the practice’s outstanding rating demonstrates the hard work that is put in by all of our staff who strive to deliver the best possible service to our patients.

“We support patients with chronic illness by hosting disease-specific group clinics facilitated by an expert health educator,” he says. “Not only have these group clinics been well received by the patients and improved outcomes but they also benefit the practice. Enabling patient self-management can reduce costs and improve clinical efficiency while empowering patients to manage their own health and establish valuable self-support networks.”

Radbroke Green’s rating is exemplified when a patient arrives at the surgery. Privacy is taken very seriously at Radbrook Green and there are no queues at the reception desk.

Tony Marriott describes the way Radbrook Green works in the local area.

“Our Community and Care Coordinator (C&CC) maintains communication with local agencies and charities and will both identify patients requiring clinical intervention and have vulnerable patients brought to her attention for care support,” he says.



Isolation is often a major factor contributing to crisis and hospital admission

“As an example, our C&CC assisted a patient who is registered blind by organising a telephone befriending service from the Macular Society. She also arranged for information to be sent to the patient’s daughter, as the carer, about aids around the home and local support groups to contact. Meanwhile we referred the daughter to the carer’s support service. It is very unlikely that this support would have been put in place in a timely and holistic manner if it had not been for this intervention.


“The C&CC also recruits and directs volunteers who are introduced to socially isolated patients. We know from feedback that this has been a huge success both for the befriended and the befriender. This is significant because isolation is often a major factor contributing to crisis and hospital admission. We are pursuing a study with our currently attached medical students into the impact of loneliness on health and how it can be mitigated before reactive health intervention is required.”

On the day of CQC’s inspection, 12 patients were asked about their care at the practice and all said they were satisfied. The surgery considers individual needs – a translation service was available, for example. Also, the surgery has in place specialised annual review processes for people with mental health problems or learning disabilities.

The practice has been running a bereavement group for the past two years and there is a compassionate friends group, for people who feel they can move away from the bereavement group.

Radbroke Green goes beyond what might be expected of a surgery. There is a recall system for patients with long-term conditions, and there is a specialist support group for people with chronic fatigue and Myalgic Encephalopathy (ME). Among other stand-out characteristics, the surgery computer system identified patients who were also carers to ensure they were aware of support available to them.

Tony also highlights the work Radbroke Green does with young patients, including activity with a local secondary school and sixth form college. They



We wanted something brighter, lighter and more hospitable

sought teenager feedback, investigating the issues that affect young people’s attitudes and conceptions about primary care and how to disrupt their ‘myths’ to encourage them to proactively seek primary health care and advice.

“Our welcoming approach is reflected in our waiting area, which we transformed into a social space and health space for group clinics, complete with self-service café,” he adds. “We wanted something brighter, lighter and more hospitable, where patients could feel relaxed, free to chat and have a coffee. Profits from the sale of refreshments are reinvested with 5p from every cup going to a patient participation fund, with the balance used to improve services. We are funding use of our local out-of-hours service call handlers to provide more telephone cover at peak times to improve patient experience.”

This surgery is rated outstanding overall, including an outstanding rating for caring.

Radbrook Green Surgery			
OVERALL Outstanding	SAFE	Good	●
	EFFECTIVE	Good	●
	CARING	Outstanding	☆
	RESPONSIVE	Outstanding	☆
	WELL-LED	Good	●



“If there are things that people feel could be improved, we make changes quickly.”

SAFE

EFFECTIVE

CARING

RESPONSIVE

WELL-LED

RESPONSIVE

“Staff own their work”

The feedback to CQC inspectors is one of many examples that make **Salford Health Matters** in Eccles a remarkable care provider. It was rated outstanding by CQC in every area of inspection.

Salford Health Matters is a community interest company that provides primary care services to a registered population of 15,000 people.

One patient told CQC “that 99% of the time they saw their preferred GP”.

As well as being outstanding at caring, this service knows how to listen to its patients. The practice as a whole is focused on how it can improve its service and it has the structures and processes in place to help achieve this.

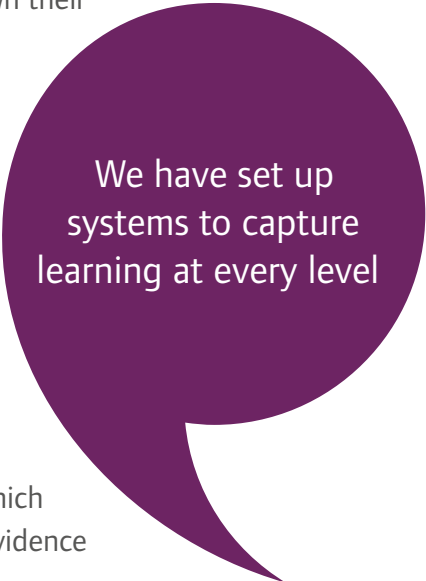
Chief executive Neil Turton says their approach in Eccles is one of “100% commitment from the team”.

“It is a culture we have created,” he says. “We haven’t got it all right, but we have set up systems for learning at every level. Our ‘friends and family’ text service reaches 10% of our practice population.

Neil Turton stresses the point that staff must own their work.

“We collect feedback and the scores vary but we want the front line to own the findings, not the board. For example, the team leader on reception feeds back on what is not going well, but there is a scheme of delegation and they can take action.”

Complaints-handling starts in the waiting room. Notices make it clear for patients how they can give feedback, and the process feeds through to the Salford Health Matters board, which receives a log of all complaints. CQC has seen evidence



We have set up systems to capture learning at every level

of how patients' comments were also monitored on the NHS Choices website and discussed at practice meetings.

"Everyone in the organisation knows that we take complaints seriously. Complaints are reported through the board framework. We get things wrong, but you learn. It is a culture thing and you have to keep on top of that.

"Nobody is going to get punished for a mistake. A complaint is a gift to us – somebody has taken the time to let us know if we have fallen short. We are very busy in a sort of machine providing care and you can lose sense of what it is like for the person using the service.


"We are always learning from events – staff will generate the 'significant event' form and the clinical lead or I will look and see what's been learned. We learn from mistakes or events as a whole team."

All the staff asked by CQC said that the service welcomed feedback and they understood the complaints process. It clearly identifies the care provider as one that wants to learn from feedback and understands that there is always room for improvement.

"If we are talking about quality of care then that is down to the interaction between patients and our trained and motivated staff," says Neil. "To provide great care you need a great place for people to work. We have a culture of openness and we have tried to reduce hierarchy – there is an annual staff survey and we regularly test the 'staff temperature'."

Salford Health Matters checks with its patient participation group to see how well it is doing – and there are good examples of improvements made to services as a direct result of responding to comments and suggestions.

Neil explains how the practice goes one step further to understand and react to local issues.



We interrogate information and we put resources into places to respond to non-medical needs

“We interrogate information and we put resources into places to respond to non-medical needs. Sometimes it is about helping people to get their lives back together, especially in a service helping a deprived inner city population.

“A significant number of medical encounters often have non-medical solutions. We are asking, what can we do, where are the resources in partnerships and social prescribing.

“In children’s services we are responding to what seems a disproportionately high number of parents who choose to go to A&E instead of coming to us. In doing this we have already reduced about 50% of admissions at our Little Hulton practice. On the bigger more strategic level, it’s about delivering on our GP contract. This comes from learning.

“Of course, you need headroom to look at these issues: we are not slaves to responding to day-to-day stuff that can characterise general practice. We respond to the neighbourhoods where we work and the pressures of demand. For example, we looked at the people using seven practices and those using A&E and we identified three cohorts in a combined practice list that were using A&E as a proxy for a GP.

“One group was identified as a Czech-Slovak population, so we engaged with people in that community to find out why they were using A&E instead.”

Salford Health Matters, Eccles

OVERALL Outstanding	SAFE	Outstanding	☆
	EFFECTIVE	Outstanding	☆
	CARING	Outstanding	☆
	RESPONSIVE	Outstanding	☆
	WELL-LED	Outstanding	☆

“I trust the carers”

Allied Healthcare Brighton & Hove is good across the board – this is a care provider that has made significant improvements through its clear commitment to be innovative and seek feedback on its services.

In the summer of 2013, we reported that the service “did not give due regard to the comments made by people who used the service”. Allied Healthcare immediately carried out a survey to find out people’s views.

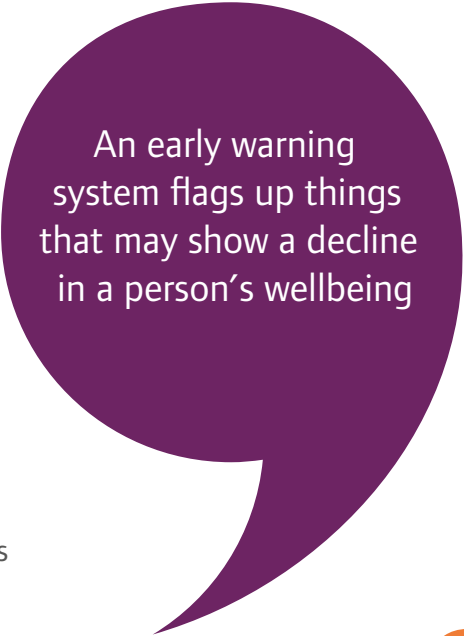
Less than a year later, CQC inspectors report that “people are happy with the standard of care provided”.

It is clear how this service responds to people’s changing needs and Richard Preece, Allied Healthcare’s medical director, says their aim is “to ensure the people we look after experience first class care”.

“This is achieved by not only delivering care that’s effective but also, where possible, it takes into account their preferences and individual wishes,” he says.

When CQC visited, people said they knew how to make a complaint if they were unhappy with a service. Complaints or concerns were addressed by the manager, who did a detailed investigation. Importantly, there was evidence of action taken to reduce the risk of concerns happening again.

“We continually innovate and improve the services that we provide and have developed an early warning system to flag up areas of concern that may show a decline in an individual’s wellbeing,” adds Richard. “This allows us to intervene at a much earlier stage to help prevent any further deterioration or get further appropriate support if required.”



An early warning system flags up things that may show a decline in a person’s wellbeing

Care at this provider is evidently person-centred. Up-to-date care plans were seen and staff said the plans helped them provide good quality care. Included was information about people's personal histories, their likes and dislikes, and their hobbies and interests.

A good example was a care plan which stated clearly that a person did not wish to discuss religion or politics. Another showed that a person wanted to go out for a coffee with their care worker each week. CQC found personalised care that was responsive to their needs.


Staff also offered good examples of how their care was responsive to people's needs. One explained that when "one of my clients looked poorly I raised it with the office immediately". The service has an 'early warning signs' system – care workers look out for issues and liaise with their supervisor for potential GP and social services contacts.

One person cared for by Allied Healthcare told CQC, "When we set things up we told them what time in the morning we would like them to call. We wanted something about 8am, but in the end agreed to 7.40am as the time of the call. It wasn't perfect but it was ok. After a while it started to get earlier and earlier, too early. I had to call the office and ask them to put the call back to the time we had agreed and it worked out alright. The visits are back to the time they are supposed to be at."

Everyone at the service told CQC that they had been asked to give feedback about their care or support.

"They have asked me for my views quite regularly," said one person. Another added that "they came to see me and reviewed it all".

On dealing with concerns and complaints, Allied Healthcare is clearly proactive. Asked by CQC about what they would do if they needed to make a complaint, one person told us, "I'd be on the phone to their office. I'm not frightened to make a complaint, and I'm confident that something would be done. Fortunately I've had nothing to worry about, I trust the carers. I know them."



One member of staff said they would be happy to help a client to complain

Staff told us they would encourage people to raise any issues that they may have. One member of staff said they would be happy to help a client to complain. Another said: “I’d talk about any issues with the client and if they wanted to complain, I’d let them know how to.”

Richard adds, “We actively seek feedback to check on the wellbeing of our customers and to ensure they’re happy with the care they’re receiving. If there are things that people feel could be improved we make changes quickly, but we don’t stop there, we make sure we spread that learning to colleagues to ensure that good practice can be adopted at our branches across the country.”

Allied Healthcare also monitors how it is performing. There is a complaints policy that is included in the information pack given to people – and it is also included in the employee handbook. The service has recorded investigations into complaints and identified any trends, patterns and contributory factors.

CQC has seen that “people are responded to in good time”. The service learned from its mistakes – action was taken to minimise the chances of mistakes happening again.

Allied Healthcare Brighton & Hove			
OVERALL Good	SAFE		Good ●
	EFFECTIVE		Good ●
	CARING		Good ●
	RESPONSIVE		Good ●
	WELL-LED		Good ●

RESPONSIVE

“Learning is shared”

“Excellent leadership” has changed the culture and behaviour of staff at **Basildon and Thurrock University Hospitals NHS Foundation Trust** – and CQC has reported “outstanding care and treatment” as well as “innovation and good practice”.

Serving a population of over 400,000 people in south west Essex, Basildon University Hospital was inspected after it was placed in special measures in July 2013. Now, this trust is rated good overall and it has made remarkable progress to achieve a rating of good for being responsive to people’s needs.

Giles Thorpe, deputy director of clinical governance at the trust, says they have improved the way they handle issues that are raised by people using services, or by staff – and they have robust processes in place to monitor how well they are performing.

“Crucially, complaints and any associated serious incident investigations are coordinated. If a care delivery problem is identified from a complaint, it is immediately escalated through governance processes, incident-reported and where required, a serious incident investigation is undertaken. Consequently two previously separate governance processes are now managed as one experience for patients or their representatives.”

The trust created a new position – the quality governance and complaints manager, who has joint oversight on complaints and serious incidents. The post-holder is responsible for ensuring that joint investigations are managed efficiently, with patients and families kept informed from the outset and included throughout the process.

“We work with complainants to ensure their key questions are the focus of our response,” adds Giles. “Meetings are offered to complainants at the earliest stage of the process. Knowing that patients and families generally prefer the opportunity to have face-to-face contact with care-givers and decision-makers, the trust offers meetings with the responsible clinical team to seek an early resolution to their concerns.”

The trust holds clinical divisions to account regarding their responsiveness to issues raised by complainants – this is all part of performance management.

“Learning is shared across the trust through a ‘hot spots’ feature and a ‘message of the week’ which highlight patient safety issues on the staff intranet and in nursing handovers,” adds Giles. “There is monitoring by clinical divisions and the complaints team – and clinicians tell of specific examples where learning has arisen from complaints and incidents.”

The trust measures its response rate for complaints and inspectors have seen that the time it takes to acknowledge and investigate complaints has “improved greatly”.

People are kept updated on complaints data and learning from complaints via the trust’s patient panel and also through their representation on a patient experience group.

At Basildon and Thurrock, a caring culture has been fostered by the chief executive officer. The nurse-led patient advice and liaison service is a direct support for patients. And when appropriate, the chief executive meets personally with complainants and family members.



Learning is shared across the trust through a ‘hot spots’ feature and a ‘message of the week’

Basildon and Thurrock University Hospitals NHS Foundation Trust			
OVERALL Good	SAFE	Requires improvement	●
	EFFECTIVE	Good	●
	CARING	Good	●
	RESPONSIVE	Good	●
	WELL-LED	Good	●

RESPONSIVE



“Patient care is a continuous process... it is important that the ethos of delivering excellent care is at the heart of the organisation, not the delivery of a ‘target’.”

SAFE

EFFECTIVE

CARING

RESPONSIVE

WELL-LED

“Personalised care”

The most recent CQC inspection report about **Cambridgeshire Community Services NHS Trust** says that “organisational values of honesty, empathy, ambition and respect were widely demonstrated by staff across the trust”.

Cambridgeshire Community Services NHS Trust has improved its quality of care significantly in recent years. The trust is well-led and it is rated good overall in CQC’s new and more rigorous approach to inspection.

Chief executive Matthew Winn credits achievements to the trust’s “committed staff”.


He says, “The trust has invested significant resources in developing a vision, values and organisational behaviours in partnership with staff, and embedding clinical leadership and effective staff engagement across the trust.”

Among the trust’s strengths, inspectors found that staff demonstrated commitment and innovation in the context of significant organisational change. Impressive clinical leadership is central to this trust which provides a very wide variety of health care.

“We were delighted that the CQC rated the trust ‘good’ in relation to its assessment of whether the trust was well-led,” says Matthew. “It identified a range of evidence that reflected our open and honest culture, visible leadership and commitment to development opportunities.”

Leadership is rated good at this trust, and during a CQC inspection staff groups were aware of current transformation programmes.

“Our five-year strategy sets out our vision for maintaining a high quality, financially stable trust that operates over a wider geography,” adds Matthew. “Since April 2014, we have won five multi-million pound contracts for the provision of integrated sexual health services across Cambridgeshire,



Senior managers
are visible
throughout the
organisation

Peterborough, Suffolk and Norfolk, and drug services in Luton. Our successful, innovative bids were developed with the full involvement of clinical staff.”

Staff commented to CQC on the visibility of executive and non-executive board members. And the trust checks on how well it is performing: in most clinical teams, senior staff maintained local performance data, risk registers and audits.

“To inspire this culture across staff based in four counties at the time of the inspection (now five) and multiple locations was no mean feat,” says Matthew.


“Together with strong partnerships between clinical leads and managerial leads in each of our clinical units, this culture is at the heart of our success.

“Empowering these leads and their clinical colleagues to develop vibrant plans for service innovation places the power for transformation in the hands of those who best understand the needs and inequalities of the diverse communities we serve – it has resulted in multiple community-based schemes which help people avoid inappropriate hospital admissions and maintain their independence.”

This is a trust with a demonstrable open culture which gives staff confidence to report concerns. Complaints and other feedback from patients are openly and clearly encouraged. And effective risk management procedures and quality measurement processes are evident.

“We pride ourselves on encouraging staff to report incidents and maximise learning including through open staff events,” adds Matthew. “Public information boards on each of our inpatient wards provide data on quality standards, including staffing levels.” CQC found that most staff felt respected, valued and supported by their managers. One of the successes in the trust’s leadership is that clinical leads act as a link between staff on the ground and unit managers, making sure local governance systems are effective and any issues are escalated swiftly.

Matthew says the trust’s leadership style and approach impacts positively on job satisfaction and motivation throughout the organisation.



We pride ourselves on encouraging staff to report incidents and maximise learning

“Central to staff satisfaction is a culture of openness and transparency,” says Matthew. “We pride ourselves on encouraging staff to report incidents and maximise learning including through open staff events. Public information boards on each of our inpatient wards provide data on quality standards including staffing levels.

“A culture of continuous improvement ensures that best practice and patient safety is at the heart of patient care including through a wide-ranging clinical audit and research programme and a high quality leadership development programme. Senior managers are visible throughout the organisation, including a comprehensive ‘back to the floor’ programme where Board members spend time ‘on the front line’ with clinicians, identifying actions that can be taken forward to improve services and the working lives of our staff.

“Our lead CQC inspector commented that if Cambridgeshire Community Services was a stick of rock, good would run through it. Staff are empowered to make informed decisions and provide high quality, personalised care to those that use our services. As ever, the achievements of the trust are entirely due to our committed staff.”

Cambridgeshire Community Services NHS Trust			
OVERALL Good	SAFE	Requires improvement	●
	EFFECTIVE	Good	●
	CARING	Good	●
	RESPONSIVE	Good	●
	WELL-LED	Good	●

“I work for Frimley Park”

Frimley Park Hospital was the first acute care provider to be rated outstanding by CQC. The foundation trust describes the rating as a “tribute to a collective effort and sense of purpose of the staff and recognition of the strength and depth of leadership with the trust”.

Central to its success, managers will point to a simple-sounding statement, “I work *for* Frimley Park.” When asked where they work, the staff response is not, “I work *at* Frimley Park”.


“In many organisations, the consultant body appears to be a detached entity to the trust and often talk about their hospital as a third party with which they are engaged in some form of strategic warfare,” says Dr Timothy Ho, medical director at Frimley Park. “Conversely, Frimley sees the consultant body as a key part of the management structure.”

CQC rated Frimley Park as outstanding in September 2014. The inspection report describes a hospital of around 3,700 staff, serving a population of 400,000 across north-east Hampshire, west Surrey and east Berkshire.

A clear vision and values had been developed with staff to ensure they were aligned with a service they wanted to work for. Dr Ho makes the point that it is “a natural corollary that happy staff will deliver great care”.

“We work hard to promote staff engagement,” he says. “This includes a monthly CEO open briefing, a bi-monthly junior doctor forum with the medical director, and a regular meeting with the consultant staff committee.”

Frimley Park also has an open door policy for its executive team to book in and see the chief executive or medical director. There are no more than four tiers between the CEO and lowest graded member of staff and high visibility is a key



It is important that the ethos of delivering excellent care is at the heart of the organisation

priority for the executive team. The CEO enters and leaves the hospital via the emergency department every day.

Organisational values were created by the staff for the staff. They are: working together, committed to excellence, facing the future. Frimley Park recruits against these values and it appraises staff by them.

CQC inspectors have praised Frimley Park's "strong patient-centred culture" – supporting this, the most recent report describes an "evident strength and depth of leadership at both board and ward level". The medical director says Frimley Park's chief executive Sir Andrew Morris and his 25-year tenure is a cornerstone of the trust's success.

"Without doubt, when the name Andrew is mentioned within the organisation it is usually a reference to the CEO," says Dr Ho. "The culture, ethos and work ethic within the trust is a reflection of his personality and endurance... he is a powerful communicator and can simplify a complex issue to the core issues."

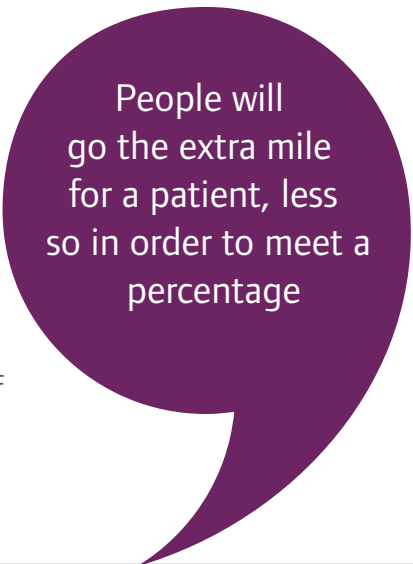
Among many areas of good and outstanding practice areas seen by CQC inspectors, the A&E department had been redesigned by taking patients' views into account. The environment helps provision of "exceptional patient care", including dementia-friendly areas.

Frimley Park is remarkably good at assessing its own performance.

"The quality of one's service is only as good as the latest set of metrics," adds Dr Ho. "It is important not to rest on one's laurels as patient care is a continuous process. It is important that the ethos of delivering excellent care is at the heart of the organisation, not the delivery of a 'target'.

"People will go the extra mile for a patient, less so in order to meet a percentage. Accordingly, we try and make all clinical and performance metrics about the outcomes of patients. These are not 'targets' but surrogates for high quality care."

Dr Ho offers the example of a patient waiting four hours in the emergency department – a long time to wait if you are unwell. However, points out that if



People will go the extra mile for a patient, less so in order to meet a percentage

a consultant brings in a relative with a clinical problem, they will quickly find an appropriate consultant colleague to see them.

“Why don’t we offer the same service to everyone who comes to the emergency department?” he asks.

“A small change in people’s outlook in delivering care can make a huge difference in achieving some of these standards.”

Frimley Park Hospital			
OVERALL Outstanding	SAFE	Good	●
	EFFECTIVE	Good	●
	CARING	Outstanding	☆
	RESPONSIVE	Outstanding	☆
	WELL-LED	Outstanding	☆

“Listening into action”

Serving a population of more than one million adults, **Birmingham and Solihull Mental Health NHS Foundation Trust** is a care provider that puts its values at the heart of everything it does.

Chief executive John Short says “good leadership and truly engaging with staff” is central to this.

The mental health services provider – which operates across numerous sites – is rated good overall by CQC. When inspected by CQC in 2014, most staff were aware of the trust’s vision and strategy. This reflects the chief executive’s intentions to empower staff to make improvements, while “listening and responding” to any concerns.

“We have taken time to go out and discuss our values with staff across the organisation so that they know how they can play their part in demonstrating and achieving them,” says John Short.

CQC inspectors were impressed by various aspects of the trust’s governance structures – centrally and locally – as well as its leadership culture. The trust has quality initiatives in place and staff are complimentary about them. One is called ‘Listening into Action’.

“We have empowered hundreds of frontline staff to make the improvements they feel are needed in their areas,” adds John. “We’ve done this both with individual teams and at an organisational level, by encouraging staff to speak openly about what concerns or frustrates them, listening to their ideas and supporting them to implement new or improved ways of working that will lead to better quality care.”



A well-led organisation is one that continually monitors its performance and strives to improve quality

The chief executive has taken a personal involvement in reacting to concerns raised.

“Our ‘Dear John’ website, allows staff to raise any concerns directly with me, confidentially and informally, when they feel quality is being compromised,” says John. “Every submission to the site is investigated by the executive team, responded to and the necessary actions taken.”

Inspectors from CQC reported that the trust has “robust systems in place” for regular staff supervision and appraisals. They also identified training needs.

John explained that “a well-led organisation is one that continually monitors its performance and strives to improve quality”.

“Our values are embedded into our business strategy and plans, with service level and individual staff objectives linked to trust-wide goals,” he says. “Performance and development needs are regularly reviewed by staff and managers as part of our ‘Working Better Together’ approach.”

CQC inspectors have reported on examples of action taken by the trust to address specific concerns raised within services. John explains that he wants the trust to “continuously seek and share patient feedback in a variety of ways to help identify where we are doing well and where we need to improve”.

He adds: “What I think sets us apart is that we don’t underestimate the importance and impact of having executive team and board members who are highly visible in the trust and spend time in frontline services to really understand the experience of our staff and service users.”

Birmingham and Solihull Mental Health NHS Foundation Trust			
OVERALL Good	SAFE	Requires improvement	●
	EFFECTIVE	Good	●
	CARING	Good	●
	RESPONSIVE	Good	●
	WELL-LED	Good	●

How to contact us

Fill in our online form at:

www.cqc.org.uk/yourexperience

Email us at: enquiries@cqc.org.uk

Call our contact centre on: **03000 616161**

Write to us at:

Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

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