Herts Urgent Care

Quality Report

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Date of publication:28/05/2014
Date of inspection visit: 26 March 2014

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

Summary of findings

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Overall summary

Herts Urgent Care (HUC) provides out-of-hours General Practitioner (GP) services for more than 1.2 million patients living across Hertfordshire. It is registered with the Care Quality Commission to provide the regulated activities of transport services, triage and medical advice provided remotely and the treatment of disease, disorder and injury.

We carried out the inspection as part of our new inspection programme to test our approach going forward. It took place with a team that included three CQC inspectors, a GP, a GP practice manager, a nurse and an expert-by-experience.

We found the service was effective in meeting patients needs and had taken positive steps to ensure people who may have difficulty in accessing services were enabled to do so. There was an emphasis on involving groups of patients that had been considered to be hard to reach and engage, for example, people with a learning disability.

Patients told us that they were happy with the care and treatment they received and felt safe. There were systems in place to help ensure patient safety through learning from incidents, the safe management of medicines and infection prevention and control.

The provider had taken steps to ensure that all staff underwent a thorough recruitment and induction process to help ensure their suitability to care for patients.

Patients experienced care that was delivered by dedicated and caring staff. Patients and carers we spoke with said staff displayed a kind and caring attitude and we observed patients being treated with respect and kindness whilst their dignity and confidentiality was maintained.

We found that the service was well-led and managed by an enthusiastic and knowledgeable senior management team and board of directors, and their values and behaviours were shared by staff. Members of the staff team we spoke with all held very positive views of the management and leadership and felt well supported in their roles. They told us the senior managers were approachable and listened to any concerns or suggestions they might have to improve the level of service provided to patients.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We found that the provider had systems in place to ensure that people seeking to work at HUC were appropriately recruited and vetted to ensure their eligibility and suitability.

There were clear procedures and policies that staff were aware of to enable them to recognise and act upon any serious events or incidents and any learning was shared with staff. The provider had good systems in place to safeguard patients at risk of harm.

We found there were systems in place to help protect people from the risks associated with the management of medicines and infection control.

Vehicles used to take clinicians to patients' homes for consultation were well maintained, cleaned and contained appropriate emergency medical equipment. Emergency equipment held at the primary care treatment centres was well maintained and serviced.

We saw that there were processes in place to ensure the safe storage of medicines and that staff had developed systems to ensure that medicines and drugs were available as required. Stock control measures ensured that items did not pass the manufacturers recommended use by date.

Are services effective?

We found that the service was providing effective care to a wide range of patient groups with differing levels of need often with limited information available to clinicians.

Clinicians were able to prioritise patients and make the best use of resources.

Clinicians were subject to continuing clinical supervision and case review to ensure their effectiveness in delivering good quality care and treatment.

There was an effective system in place to ensure information about patients registered with a practice covered by HUC service was shared with their own GP at the earliest opportunity.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time. For example by use of the care planning system for patients with learning disabilities, called 'Purple Folder' as part of the organisation's work towards achieving the 'Purple Star' branding for the delivery of high quality, reasonably adjusted services to adults with learning disabilities across Hertfordshire.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time. For example by use of the care planning system for patients with learning disabilities, called 'Purple Folder' as part of the organisation's work towards achieving the 'Purple Star' branding for the delivery of high quality, reasonably adjusted services to adults with learning disabilities across Hertfordshire.

HUC was proactive in taking positive steps in trying to engage with hard to reach groups of patients.

Summary of findings

Are services caring?

Patients, their relatives and carers were all positive about their experience and said they found the staff friendly, caring and responsive to their needs. We observed examples of good interaction between patients and staff and noted that staff treated patients with respect and kindness and protected their dignity and confidentiality.

HUC provided help and support for bereaved relatives and provided them with a handbook on what to do when someone dies.

Patient experience surveys conducted by the provider showed a high degree of satisfaction with the service provided and the attitude of staff towards patients.

There was a process in place to ensure patients whose first language was not English were able to access the service through interpreter services and the provider was taking positive steps to engage with and involve hard to reach groups of patients.

Are services responsive to people's needs?

We found that the provider had an effective system to ensure that, where needed, clinicians could provide a consultation in patients' homes.

The provider had responded to the needs of people from a wide geographical area and provided a choice of treatment centres for patients to maximise accessibility.

There was a complaints system and we saw that any learning from those complaints was shared with staff.

The provider undertook continuing engagement with patients to gather feedback on the quality of the service provided.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time.

HUC had in place systems designed to allow continuity of service in the event of power or telephone systems failures.

Are services well-led?

Members of staff we spoke with spoke positively about the management of the service and said there was a desire from above for staff to continually learn and improve.

There was a strong and stable management structure; the Chief Executive Officer, the nominated individual, registered manager and other senior staff were very knowledgeable and were an integral part of the staff team. Both the board of directors and the executive displayed high values aimed at improving the service and patient experience and were taking positive steps to remind and re-inforce those values with all staff.

There was an emphasis of management seeking to learn from stakeholders, in particular through patient engagement groups.

There was a clear leadership and management structure and staff we spoke with were clear as to whom they could approach with any concerns they might have. We saw that staff underwent an annual appraisal and reflective supervision to enable them, amongst other things, to reflect upon their own performance with the aim of learning and improving the service.

The provider supported both clinical and non-clinical staff by providing a range of training opportunities all aimed at delivering high quality, safe care and treatment to patients.

Staff told us that they worked for a supportive and progressive organisation.

Summary of findings

What people who use the out-of-hours service say

Patients who used the service, their relatives and carers told us that it met their healthcare needs and that both clinical and non-clinical staff treated them with respect, discussed their treatment choices and helped them to maintain their privacy and dignity.

They said they had not experienced difficulty accessing the service.

The patients and carers we spoke with during our inspection made positive comments about the quality of the service and the kind and respectful attitude of staff.

Comments cards had been left by the CQC prior to our inspection, to enable patients and carers to comment upon the service provided by HUC. Those that had been returned were positive and emphasised the caring and respectful attitudes of staff, the excellent standards of care and the minimal time it took to be seen by a clinician.

Areas for improvement

Action the out-of-hours service COULD take to improve

The signage directing patients to the out-of-ours treatment centre at Lister Hospital, Stevenage was very poor and patients feeling particularly unwell could find it distressing. Improved, clearer signage would make the centre easier for patients to find and access.

Good practice

Our inspection team highlighted the following areas of good practice:

We considered the Purple Star care planning tool for patients with a learning disability was a valuable and innovative resource that helped to ensure that patients received appropriate care and treatment in the out-of-hours healthcare environment. It provided clinicians with relevant information appropriate to patients' needs and helped to deliver the correct outcomes for patients with the minimum of delay.

The provider had good systems in place to safeguard patients at risk of harm. The provider had made great efforts to emphasise to staff their role in recognising and acting upon any concerns they had with regard to children and vulnerable adults. There were clear procedures and policies that staff were aware of to enable them to recognise and act upon concerns. The procedures to be followed could be accessed immediately by means of a special 'red' button attached to computers.

There was strong and effective leadership that put quality, patient care and safety first at all times.

Herts Urgent Care

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP. The team included two CQC Inspectors, a GP practice manager, a nurse and an expert-by-experience who helped us to capture the experiences of patients who used the service.

Background to Herts Urgent Care

Herts Urgent Care (HUC) is a 'not-for-profit' social enterprise organisation. It held contracts to deliver NHS GP out-of-hours services on behalf the East and North Herts and the Herts Valley Clinical Commissioning Groups (CCG). It also held the contract for the NHS 111 telephone system for both in and out of hours services. The inspection excluded the NHS 111 system and was confined to the delivery of the GP out-of-hours service.

HUC provided an out-of-hours GP service for over 1.2 million people living within Hertfordshire. The service's principle operating base was at Ascot's Lane, Welwyn Garden City that consisted of a call handling and administration centre.

Patients could be offered a consultation with a clinician at 10 satellite locations, dependent upon the time and day. On the day of our inspection patients could be treated at Bishops Stortford, Hertford, Queen Elizabeth II Hospital Welwyn Garden City, Lister Hospital Stevenage, St Albans, Watford, Hemel Hempstead and Borehamwood. On other days patients could also be seen at Cheshunt and Potters Bar.

As part of our inspection we visited the primary treatment centres at Queen Elizabeth II Hospital, Lister Hospital, St Albans, Watford and Hertford.

The out-of-hours service operated whenever GP surgeries were closed. This was weekdays between 18:30hrs and 08:00hrs, and 24 hours a day at weekends and public holidays. The service provided cover for 134 GP practices in Hertfordshire, including Her Majesty's Prison The Mount.

Calls from patients to their GP during out-of-hours periods were directed to NHS 111 telephone call handlers, who referred callers where necessary to clinical staff. In the 12 months to February 2014 clinicians carried out more than 19,000 consultations in people homes, 71,000 consultations at primary care centres and offered clinical advice over the telephone on more than 49,000 occasions.

At the time of our inspection, HUC used the services of approximately 250 GP's engaged on a sessional basis.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

- Is it safe?
- Is it effective?

Detailed findings

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

Before visiting, we reviewed a range of information we held about the out-of-hours service and asked other organisations to share what they knew about the service. We also reviewed information that we had requested from the provider.

We carried out an announced visit to Herts Urgent Care on 26 March 2014. During our visit we spoke with members of the board of directors including the Chair, Chief Executive Officer, Chief Medical Officer, Director of HR and Communications and Director of Finance. We also met with the nominated individual, nurses, general practitioners, drivers and other staff that dealt directly with patients, either by telephone or face to face.

We spoke with fifteen patients and carers who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed seven comment cards where patients shared their views and experiences of the service.

We reviewed information that had been provided to us by the provider and other information that was available in the public domain.

We conducted a tour of five of the ten primary care treatment centres and looked at the vehicles used to transport clinicians to consultations in patients' homes.

Are services safe?

Summary of findings

We found that the provider had systems in place to ensure that people seeking to work at HUC were appropriately recruited and vetted to ensure their eligibility and suitability.

There were clear procedures and policies that staff were aware of to enable them to recognise and act upon any serious events or incidents and any learning was shared with staff. The provider had good systems in place to safeguard patients at risk of harm.

We found there were systems in place to help protect people from the risks associated with the management of medicines and infection control.

Vehicles used to take clinicians to patients' homes for consultation were well maintained, cleaned and contained appropriate emergency medical equipment. Emergency equipment held at the primary care treatment centres was well maintained and serviced.

We saw that there were processes in place to ensure the safe storage of medicines and that staff had developed systems to ensure that medicines and drugs were available as required. Stock control measures ensured that items did not pass the manufacturers recommended use by date.

Our findings

We spoke with fifteen patients and carers during the course of our inspection. None had any concerns about patient safety.

We saw that the provider had a robust procedure for recruiting staff. Thorough checks were undertaken of GP's to ensure their fitness to practice for example General Medical Council registration and inclusion on the performers list. Suitable and verifiable references were sought and obtained. Staff were subject to a probationary period to ensure their suitability for their role before their employment status was confirmed.

We saw all GP's were required to produce indemnity insurance at the time that they were recruited into HUC but thereafter they had not been asked to provide any written evidence that such cover was in place. A senior member of staff told us that GP's signed to say they had cover when they invoiced the provider at the end of each month. We considered this not to be sufficient to enable the provider to assure themselves that such cover was in place and asked them to take action. By the end of the inspection the provider showed us written confirmation that the GP's working that night had the required indemnity cover and produced an action plan and copies of letters and emails that had been sent to all GP's requiring them to produce copies of their cover.

There was a continuing clinical audit and appraisal process for GP's and other clinicians aimed at identifying and addressing any clinical issues. HUC conducted supervision of all staff, aimed at supporting staff, enhancing knowledge and encouraging reflective practice and continuous improvement. Staff were kept informed of issues relating to patient safety and clinical issues by use of a regular newsletter.

All staff were subject to checks to ensure their suitability to work with vulnerable people. We saw that there was a thorough induction process which enabled staff to be assessed as competent in areas relevant to their work.

The service operated a chaperone policy to enable patients to be accompanied during a consultation and drivers who took clinicians to patients' homes told us that they had recieved training in chaperoning.

There was a process in place to ensure that clinical staff continued to be registered with their appropriate professional body, be it the Nursing and Midwifery Council or General Medical Council.

The treatment centres we looked at were all shared facilities with other healthcare providers and were accessible to people with restricted mobility such as wheelchair users. Patient accessible areas were in good condition. The provider may wish to note that we found the signage directing patients to the care centre at Lister Hospital, Stevenage very poor and this was supported by the comments of two patients we spoke with. We considered that this could have a detrimental effect on patients attending for a consultation who were feeing unwell.

We looked at the vehicles used to take doctors to consultations in patients' homes and saw that they were in

Are services safe?

good condition and regularly maintained. We looked at the equipment carried in the vehicles that could be used by a GP in the event of a medical emergency and found it to be appropriate, well maintained and checked regularly.

We found there were appropriate arrangements in place to provide medicines when required, for example when community pharmacies were closed. The amount of medicines stored was closely monitored and controlled and we saw evidence that they were regularly checked to ensure they had not exceeded the expiry date recommended by the manufacturers to ensure their effectiveness. A medicines management policy was in place as were procedures for ensuring the formulary was in line with national and local guidelines. Drugs and medicines were kept securely. For example we saw that some medicines storage rooms were monitored by closed circuit television and employed fingerprint recognition technology to ensure only properly authorised persons could access drugs.

We observed that all areas of the treatment centres were visibly clean. They were all shared with other healthcare providers and there were no formal service level agreements in place with the other providers regarding responsibility for cleanliness. We spoke to the infection control lead for HUC who told us that any cleanliness issues were highlighted in the daily report and she took them up directly with the primary occupier of the premises.

Hand sanitising liquids were freely available and we saw posters were displayed promoting good hand hygiene.

Plentiful supplies of aprons and disposable gloves were available in wall mounted dispensers. There were appropriate procedures in place to protect patients and staff from the dangers associated with the disposal of sharps.

Staff told us and records showed that staff received instruction and training in infection control. We saw evidence of both internal and external audits in infection prevention and control, for example hand hygiene, disposal of waste and spillage and contamination by body fluids. These audits were aimed at helping to highlight any area of concern or areas for improvement.

The provider had good systems in place to safeguard patients at risk of harm. The provider had emphasised to staff their role in recognising and acting upon any concerns they had with regard to children and vulnerable adults. There were clear procedures and policies that staff were aware of to enable them to recognise and act upon concerns. The procedures to be followed could be accessed immediately by means of a special 'red' button attached computers. We saw that the provider had a safeguarding policy and found that it was freely available to staff on the computer system. All staff received instruction and training in safeguarding vulnerable people. Staff spoke knowledgeably about safeguarding children and vulnerable adults and were able to explain in detail the action they would take had they any concerns.

Are services effective?

(for example, treatment is effective)

Summary of findings

We found that the service was providing effective care to a wide range of patient groups with differing levels of need often with limited information available to clinicians.

Clinicians were able to prioritise patients and make the best use of resources.

Clinicians were subject to continuing clinical supervision and case review to ensure their effectiveness in delivering good quality care and treatment.

There was an effective system in place to ensure information about patients registered with a practice covered by HUC service was shared with their own GP at the earliest opportunity.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time. For example by use of the care planning system for patients with learning disabilities, called 'Purple Folder' as part of the organisation's work towards achieving the 'Purple Star' branding for the delivery of high quality, reasonably adjusted services to adults with learning disabilities across Hertfordshire.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time. For example by use of the care planning system for patients with learning disabilities, called 'Purple Folder' as part of the organisation's work towards achieving the 'Purple Star' branding for the delivery of high quality, reasonably adjusted services to adults with learning disabilities across Hertfordshire.

HUC was proactive in taking positive steps in trying to engage with hard to reach groups of patients.

Our findings

HUC operated a clinical audit system, Clinical Guardian, to continually improve the service and deliver the best possible outcomes for patients. We saw that recently recruited GP's worked six 'probationary' sessions, together with an initial session where they shadowed an existing GP.

GP's had regular reviews of their work undertaken, locum and Registrar GP's and GP's working more than one shift per month being subject to 10% of their consultations being subject to audit.

A clinical review group that consisted of three clinicians reviewed poor clinical audits scores and rated them to determine the level of risk. This enabled the group, where appropriate, to provide clinicians with support to help them improve. We judged that the clinical audit system was robust and effective in ensuring that patients continued to receive effective, high quality care and treatment.

The service fostered a close working relationship with other healthcare and social care providers such as social services, the mental health crisis team and district nursing out-of-hours team. Close collaboration between agencies helped to ensure that patients were given the best opportunity to experience 'joined up' health and social care, for example we saw that HUC were involved with a scheme called 'Purple Star' which was aimed at ensuring patients with a learning disability received seamless care out-of-hours when their own GP surgery was closed. It aimed to lower patient anxiety, provide re-assurance and allow patients quick access to the most appropriate healthcare. It consisted of thorough care planning undertaken by the patient, with support from another healthcare professionals. When a patient contacted HUC out-of-hours they would be asked to bring their 'purple folder' with them to the consultation or have it available in their home should that be where the consultation was to take place.

There are National Quality Requirements (NQR's) for out-of-hours providers that capture data and provide a measure to demonstrate that the service is safe, clinically effective and responsive. The service is required to report on these regularly. We saw evidence that HUC had been fully or partially compliant and where there had been room for improvement this had been identified and steps taken to improve performance.

Are services effective?

(for example, treatment is effective)

Following a patient consultation all clinicians were responsible for completing patient notes. We saw that these were comprehensive and informative. Regular audits were undertaken to assess the quality of clinical record keeping.

There were good systems in place to ensure that the records of consultations with GP's in the out-of-hours service were sent to the patient's own GP by the time the surgery opened the next day.

We saw evidence that HUC was involved with other agencies in addressing access issues to the service for example, we saw evidence that they were involved in a sensory disability action group and were training their staff in health equality issues for people with learning disabilities.

Responses from patient surveys showed a high level of satisfaction in the service and standard of care and treatment provided by HUC. We looked at the results from surveys undertaken in the last six months of 2013. Of patients attending a treatment centre 75% had rated the serice as good or above for the period July to September and 69% for the period October to December. For patients receiving a consultation at home the figures were 75% and 78% respectively.

Are services caring?

Summary of findings

Patients, their relatives and carers were all positive about their experience and said they found the staff friendly, caring and responsive to their needs. We observed examples of good interaction between patients and staff and noted that staff treated patients with respect and kindness and protected their dignity and confidentiality.

HUC provided help and support for bereaved relatives and provided them with a handbook on what to do when someone dies.

Patient experience surveys conducted by the provider showed a high degree of satisfaction with the service provided and the attitude of staff towards patients.

There was a process in place to ensure patients whose first language was not English were able to access the service through interpreter services and the provider was taking positive steps to engage with and involve hard to reach groups of patients.

Our findings

We spoke with fifteen people who were waiting to be seen by the clinicians or were accompanying children or relatives. They were complimentary about the service and in particular praised the caring and friendly nature of staff. Their comments included;

"The doctor was sympathetic. I would recommend to my family and friends."

"Very pleased that it worked so smoothly."

"Doctor had a good bedside manner."

"I had called 111 on my mobile and I still had it in my hand when my home phone rang and it was the out-of-hours people making me an appointment."

We reviewed the comments cards that had been left by patients. They were overwhelming positive about the service and particularly highlighted the friendly, caring attitude of staff and how quickly they were given an appointment and seen by a clinician. One person had written, "Staff were very caring and treat me and my son with respect. We have been here many times and never had any problems."

During the course of our inspection we observed the interactions between patients and carers and HUC staff. Without exception we saw that staff acted in a kind and sympathetic manner and maintained the patient's dignity and confidentiality at all times.

We saw that the patient waiting areas were warm and comfortable with adequate seating.

We were provided with a copy of a booklet titled, ' What to do when someone dies' that we saw contained clear information and advice to relatives and carers in the case of bereavement to help them deal with such difficult circumstances.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

We found that the provider had an effective system to ensure that, where needed, clinicians could provide a consultation in patients' homes.

The provider had responded to the needs of people from a wide geographical area and provided a choice of treatment centres for patients to maximise accessibility.

There was a complaints system and we saw that any learning from those complaints was shared with staff.

The provider undertook continuing engagement with patients to gather feedback on the quality of the service provided.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time.

HUC had in place systems designed to allow continuity of service in the event of power or telephone systems failures.

Our findings

One patient had written on a comment card, "Needs were responded to and diagnosis was fully explained."

The service had in place clear procedures for ensuring that patients who had difficulties in communicating, for example as a result of their first language not being English, were able to access the service and understand throughout their contact with HUC. Staff were familiar with the telephone translation service available.

We looked at the staffing levels at the primary treatment centres and found them to be sufficient to meet the needs of the patients. We looked at the numbers of patients who used the service and found that the numbers were not subject to high rates of fluctuation which made it possible for staffing levels to be accurately assessed and managed. Additional staff were available to meet increased demand.

There was a complaints system that showed that any complaints which had been received about the service were responded to in an appropriate manner. Complainants had been kept informed of the progress and result of any subsequent investigation.

We looked at the complaints for September 1 to December 31 2013 and saw they represented 0.06 % of patient contacts. All had been responded to in writing within three working days. There was evidence that any learning from those complaints and other incidents was used to improve the service.

HUC had in place contingency plans to be put into operation in the event that there was a total loss of communications through for example a severance of the telephone cables. HUC was capable of using mobile telephone technology to continue the service and had an alternative location for use in emergency situations.

We saw evidence that HUC conducted ongoing patient experience questionnaires, and used the 'Friends and Family' test to help them assess the quality of service provision. We saw that they responded to any concerns or issues that had been identified.

We were told how local parish councillors had been given a conducted a tour of the Ascots Lane centre to make them more aware of the service and to enable them to pass information to their parishioners.

Are services well-led?

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

Summary of findings

Members of staff we spoke with spoke positively about the management of the service and said there was a desire from above for staff to continually learn and improve.

There was a strong and stable management structure; the Chief Executive Officer, the nominated individual, registered manager and other senior staff were very knowledgeable and were an integral part of the staff team. Both the board of directors and the executive displayed high values aimed at improving the service and patient experience and were taking positive steps to remind and re-enforce those values with all staff.

There was an emphasis of management seeking to learn from stakeholders, in particular through patient engagement groups.

There was a clear leadership and management structure and staff we spoke with were clear as to whom they could approach with any concerns they might have. We saw that staff underwent an annual appraisal and reflective supervision to enable them, amongst other things, to reflect upon their own performance with the aim of learning and improving the service.

The provider supported both clinical and non-clinical staff by providing a range of training opportunities all aimed at delivering high quality, safe care and treatment to patients

Staff told us that they worked for a supportive and progressive organisation.

Our findings

There was a clear focus on clinical excellence and a desire to achieve the best possible outcomes for people, whether that was achieved from the patient contact with HUC or through referral to another healthcare or social care provider.

The service operated an 'open culture' and actively sought feedback and engagement from staff all aimed at maintaining and improving the service.

One member of staff that we talked with told us, "A very supportive company. If you have a problem they are always there and directors will get their hands dirty."

Another told us, "If somebody makes a mistake, it's dealt with very nicely. You don't feel patronised, they are supportive and a process is put in place to prevent a re-occurrence."

HUC had a wide range of quality assurance processes in place to continually monitor and assess the quality of service provision which included a range of audits to help identify and instigate actions to address any shortfalls.

We saw that there was a comprehensive range of training available to staff and saw that training opportunities were clearly displayed and accessible to staff. We viewed the training records and saw that all staff had received training in subjects such as safeguarding children and vulnerable adults, basic life support and mental health awareness. We were told by the training co-ordinator that a new training package aimed at lone working was being developed for those staff working either alone or remotely, for example when attending a consultation appointment away from a primary care centre.

Staff that we spoke with, and records we saw confirmed, that the provider undertook an annual appraisal with staff to enable them, amongst other things, to reflect upon their own performance with the aim of learning and improving the service. Members of staff told us they were able to talk about distressing or difficult issues they had encountered. Staff told us the supervision process encouraged open support, contributed to learning and development and promoted safe and effective patient centred practise.

There was a clear commitment to learn from problems, complaints and incidents and HUC demonstrated an open approach to these issues. We saw all staff were encouraged to report any concerns or incidents through either completing an incident form or through daily shift reports that were monitored to pick up any concerns or items for further action. The provider demonstrated an open approach to these issues and informed staff of any learning from them through the 'Touch Point' newsletter that was distributed in both clinical and general formats.