

# GP Out of Hours Unit

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at GP Out of Hours Unit, Diana Princess of Wales Hospital on 26 January 2017. Overall the service is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need. The service performed well against the National Quality Requirements (performance standards).
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place that enabled staff access to patient records. The out of hours staff provided other services, for example the patient's GP and local hospital, with information following contact with patients as was appropriate.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The area where the provider should make improvement is:

- Ensure medicines used for home visits are available and checked regularly.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The service is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for recording, reporting and learning from significant events.
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event. They were told about any actions to improve processes to prevent the same thing happening again.
- The Out of Hours service had clearly defined and embedded system and processes in place to keep patients safe and safeguarded from abuse.
- There were systems in place to support staff undertaking home visits. For example, chaperoning.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The service is rated as good for providing effective services.

- The service was consistently meeting National Quality Requirements (performance standards) for GP Out of Hours' services to ensure patient needs were met in a timely way.
- Data showed the service had consistently high performance against the National Quality Requirements (the minimum standards for all out of hours GP services) to help ensure patient needs were met in a timely way. For example, in August 2016, 100% of urgent cases had a face-to-face consultation within 20 minutes and 99% of non-urgent cases had a face-to-face consultation within 60 minutes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Good



# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Clinicians provided urgent care to walk-in patients based on current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

The service worked closely with patients' own GPs and information was shared with the Out of Hours' service.

## Are services caring?

The service is rated as good for providing caring services.

- Data showed that patients rated the service similar to others in relation to the care they received.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the out of hours.

Good



## Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- The provider undertook continuous engagement with patients to gather feedback and held patient and public involvement events to source suggestions for improvements. Changes were considered to the way it delivered services as a consequence of this feedback. Patient satisfaction, patient safety, friends and family test results were discussed.
- The provider reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.
- Patients said access was good and National Quality Requirements data showed patients were consistently seen in a timely manner.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.

Good



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The service is rated as good for being well-led.

- The service had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all service staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best service.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The service gathered feedback from patients and stakeholders which influenced service development. For example the provider attended patient participation groups at local GP practices to increase awareness of the service and encourage feedback.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



# Summary of findings

## What people who use the service say

We looked at various sources of feedback received from patients about the Out of Hours service they received.

The national GP patient survey results were published in July 2016. The results showed the service was performing similar to local and national averages.

For example:

- 64% of patients in North East Lincolnshire Clinical Commissioning Group (CCG) felt they received care quickly from the Out of Hours GP service compared to the England average of 62%.
- 92% of patients in North East Lincolnshire CCG said they had confidence and trust in the Out of Hours GP service clinician they saw or spoke with, compared to the England average of 90%.
- 73% of patients in North East Lincolnshire CCG described their experience as good overall compared to the England average of 70%.
- As part of our inspection we spoke with three patients during the inspection and Healthwatch undertook a survey of their members that had used the service. All of the patients told us that they were happy with the care they received and thought staff were caring and professional.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All eight of the comment cards we received were positive about the service experienced. Patients said they felt the service was accessible and offered an excellent service and staff were helpful, caring, supportive, understanding and treated them with dignity and respect.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure medicines used for home visits are available and checked regularly.

# GP Out of Hours Unit

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector and the team included a GP specialist adviser.

## Background to GP Out of Hours Unit

Core Care Links is a not for profit organisation formed in 2010 to provide out of hours service at the GP Out of Hours Unit, Fracture Clinic, Emergency Care Centre, Diana Princess of Wales Hospital, Scartho Road, Grimsby DN33 2BA.

The service has five directors who are all local GPs working across North & North East Lincolnshire. There is a chief operating officer, a service manager, operational supervisor, operations coordinator and two operational administrators and a pool of 80 sessional contracted local GPs. The service provides placements for year five medical students and supports the training of local nurses.

- The Out of Hours service provides access to GPs when a patient's registered practice is closed. All the Out of Hours GPs that work within the service, including the directors, are local practising GPs with a thorough understanding of local services and care pathways. The Out of Hours service is supported by an Advanced Nurse Practitioner and a reception team.
- The service is provided to the registered population of North East Lincolnshire (approximately 168,000), to patients who are temporarily resident or visiting the area, and non-registered patients who reside within the area.

The Out of Hours service is open 6.30pm – 8am Monday to Friday and 8am – 8am Saturday, Sunday and Bank Holidays. Patients accessed the Out of Hours service by contacting the local call handling service or by walking in. The location was within a local hospital.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

We carried out an announced visit at the Diana Princess of Wales Hospital site on 26 January 2017. The purpose of the inspection was to report on the GP Out of Hours service provided by Core Care Links (Ltd).

Before visiting, we reviewed a range of information we hold about the Out of Hours service and asked other organisations to share what they knew about the service.

During our inspection we:

- Visited during the evening of 26 January 2017.
- Spoke with a range of staff (chief operating officer, operational supervisor, clinical directors, GPs, triage nurse and receptionists).



# Detailed findings

- Observed how patients were provided with care and talked with carers and/or family members
- Inspected the Out of Hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- We reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

Please note that when referring to information throughout this report, for example any reference to the National Quality Requirements data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- The service carried out a thorough analysis of the significant events and ensured that learning from them was disseminated to staff and embedded in policy and processes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, we saw a recent safety alert about home visits had been actioned. Due to the number of sessional GPs there was a monitoring system in place to ensure alerts, learning etc. were shared via the provider's intranet webpage.

### Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and services in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Flowcharts were available to guide staff when making a referral and contact numbers were easily accessible. Staff

demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3. The advanced nurse practitioner was trained to child safeguarding level 3. If a chaperone was required for a home visit, GPs were accompanied by a trained chaperone from the OOH Unit.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidelines.
- We reviewed three employees' personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service. There were systems to check whether sessional GPs met requirements such as having current professional indemnity, registration with the General Medical Council, DBS checks and were on the Performers' list (the Performers' list provides a degree of reassurance that GPs are suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks such as with the Disclosure and Barring Service). We reviewed the personnel files of three sessional doctors and found appropriate recruitment checks had been undertaken prior to employment.

### Medicines Management

## Are services safe?

- We looked at the arrangements for managing medicines at the service, including emergency medicines, to ensure they kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in accordance with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. No controlled drugs were kept on site.
- Processes were in place for checking medicines, including those held at the service and also medicines bags for home visits. On checking the medicines bag we found some medicines that might be used for home visits were not readily available. This was rectified before the end of the inspection.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in areas accessible to all staff that identified local health and safety representatives. We saw the service had up to date fire risk assessments and carried out regular fire drills. We saw evidence that all electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw evidence that clinical equipment that required calibration was calibrated according to the manufacturer's guidance. We saw evidence the service had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand. The directors reviewed the activity at the location against the national quality requirements. During times of unexpected surge in demand the directors would step in at short notice and additional resource was available from their pool of sessional contracted GPs.

### Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- There was an effective system to alert staff to any emergency.
- All staff received annual basic life support training, including use of an automated external defibrillator.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- GPs were taken to home visits by taxi, no mobile units were used.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best service guidelines.

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The service monitored that these guidelines were followed.

### Management, monitoring and improving outcomes for people

The service used National Quality Requirement (NQR) and other quality indicators which it submitted to the Clinical Commissioning Group (CCG) to monitor the quality of the service patients received. NQRs for GP OOH services were set out by the Department of Health to ensure these services were safe and clinically effective.

We reviewed NQR standards for the previous 12 months. We found that the service had continually met all of primary care centre (NQR10) standards required. For example data for October - December 2016 showed;

- 100% of patients with urgent needs were given a definitive clinical assessment within 20 minutes of the patient arriving in the centre.
- 99% of non-urgent patients were given a definitive assessment within 60 minutes of arrival at the centre.

The three patients we spoke with and the eight Care Quality Commission comment cards we received were positive about the timeliness and efficiency of the consultations.

The service always had a GP available for consultations and the service ensured that at the point of presentation the patient was seen by the most appropriate clinician for assessment and treatment.

Over the last twelve months, the service dealt with 20,357 patient attendances, 2,569 GP calls and 1,308 repeat scripts.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The service participated in local audits, national benchmarking, accreditation, peer review and research.

One of the NQRs for all OOH GP services to meet, was the requirement of regular audit of a random sample of patient contacts. The audit process must be led by a clinician, appropriate action must be taken on the results of those audits and regular reports of these audits should be made available to the Clinical Commissioning Groups (CCGs). For example, we saw evidence the provider randomly selected four sets of consultation notes for each active clinician every three months. The notes were audited for compliance with the agreed internal standard of 67%. Evidence showed that compliance with the standard had risen from 97% in 2014/15 to 100% in 2016/17. Additional evidence showed that the average consultation score had risen from 84% in 2014/15 to 97% in 2016/17.

### Effective staffing

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

- The service had an induction programme for all newly appointed staff including contracted sessional clinicians. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.
- Clinical supervision processes were in place for all GPs and included reflective feedback. We saw there had been random sampling and audit of consultation notes and that each active sessional GP was shadowed during a consultation every three months. Staffing levels were monitored by the operational manager and by the director on call.
- All GPs were audited on the quality of their clinical practice including face to face and consultation notes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate

# Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. All staff had received an appraisal within the last 12 months.

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Sessional doctors provided evidence annually that training received elsewhere was in date. We were assured that GPs were only allowed to work if their training was in date.

## Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

- This included access to required 'special notes' which detailed information provided by the person's GP. This helped the Out of Hours staff in understanding a person's need.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred. If patients needed specialist care, the Out of

Hours service, could refer to specialties within the hospital. Staff also described a positive relationship with the mental health and district nursing team if they needed support during the out of hours period.

- The service worked with other service providers to meet patients' needs and manage patients with complex needs. It sent Out of Hours notes to the registered GP services electronically by 8am the next working day.
- NQR data showed the service was consistently meeting this requirement over the previous 12 months. More recently, between September 2016 and December 2016, over 99% of patient records (5,139) with details of consultations were sent to the patients GP practice before 8am the next working day.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- We spoke with staff and found they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear clinical staff assessed the patient's capacity and, recorded the outcome of the assessment.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All eight of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service was accessible and offered an excellent service and staff were helpful, caring, supportive, understanding and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

During July 2016 to September 2016, 126 patient questionnaires were randomly distributed to patients that had accessed the OOHs service. This equates to a random sample size of 2% with a response rate of 12%. Although uptake was low (15 responses) and not representative of the number of patients using the service, results showed GP Out of Hours unit was performing well and patients were satisfied with the service. Results showed;

- 15 patients rated the staff attitude as excellent, very good or good.

- 13 patients said the GPs explained their condition and treatment in a way they could understand.

The national GP patient survey asks patients about their satisfaction with the Out of Hours service. The results published in July 2016 showed the service was performing similar to local and national averages.

For example:

- 64% of patients in North East Lincolnshire Clinical Commissioning Group (CCG) felt they received care quickly from the Out of Hours GP service compared to the England average of 62%.
- 92% of patients in North East Lincolnshire CCG said they had confidence and trust in the Out of Hours GP service clinician they saw or spoke with, compared to the England average of 90%.
- 73% of patients in North East Lincolnshire CCG described their experience as good overall compared to the England average of 70%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- A hearing loop was available for people with hearing impairment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The provider had access to a translation service that was available 24 hours a day 7 days a week.

The service reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.

- Home visits were available for patients whose clinical needs which resulted in difficulty attending the service.
- There were accessible facilities, a hearing loop and translation services available.
- The provider supported other services at times of increased pressure.

Services were planned and delivered to take into account the needs of different patient groups to help provide flexibility, choice and continuity of care.

- Systems were in place to electronically record additional information for patients with complex health or social care needs. This information was available to staff at the time the patient or their carer contacted the service. This enabled staff to safely assess the needs of these patients.
- Special patient notes were used to record relevant information for patients, such as patients known to be violent or with other vulnerability factors, such as those patients approaching the end of life.

### Access to the service

The GP Out of Hours service operated between 6pm until 8am Monday to Friday and 8am to 8am Saturday, Sunday and Bank Holidays. Patients accessed the Out of Hours service by contacting the local call handling service or by walking in. The location was within a local hospital.

The provider self-assessed its performance against the standards previously set as national guidance. Data for the quarter July – September 2016 showed that 82% of patients said they were seen within the target time of six hours.

### Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for Out of Hours GP services in England. There was a designated person who handled all complaints. Information about how to complain was on the organisation's website, on notice board in the waiting room and in the patient leaflet.

The service had received six complaints between January 2016 and December 2016. The majority of complaints related to clinical treatment. We looked at the summary of complaints for this period. We found that these had been satisfactorily handled, demonstrated openness and transparency and dealt with in a timely manner. All of the complaints had been investigated, actioned, and learning taken. The action taken included individual reflection as well as wider learning with issues shared throughout the service via the provider's intranet webpage.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The service had a mission statement and staff knew and understood the values.
- The service had a robust strategy and supporting business plans that reflected the vision and values and were regularly monitored.

### Governance arrangements

The service had an overarching governance framework that supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff.
- The provider had a good understanding of their performance against National Quality Requirements. These were discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the provider of the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The service kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- There were arrangements in place to ensure the employed and sessional staff were kept informed and up-to-date. The provider ensured that GPs were involved in revalidation, appraisal schemes and continuing professional development. All clinical staff received a high level of continual clinical supervision and audit of their competencies. The service provided mentoring support to local nurses undertaking advanced training.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by the management. Staff had the opportunity to contribute to the development of the service.

### Seeking and acting on feedback from patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- Patients were offered the opportunity to complete the NHS Friends and Family Test and the results analysed every month.
- Patient feedback was obtained through service user engagement events, service user feedback forms and local GP practice patient participation groups, friends and family data. Data from January 2016 and December



# Are services well-led?

Good 

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

2016 showed that the majority of patients responded positively in relation to their involvement in care and treatment and with regard to whether staff treated them with dignity and respect.

- The service had gathered feedback from staff through staff meetings, appraisals, discussion and annual GP engagement events. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, increasing the clinical hours of the triage nurse. Staff told us they felt involved and engaged to improve how the service was run and that the directors were active within the unit.

## Continuous improvement

The service worked collaboratively with other providers to monitor and improve the service.

There was a clear focus on continuous learning and development at all levels within the organisation. This included training programmes for staff, being involved in local schemes to improve outcomes for patients and having representation on the CCG and provider boards. The provider is actively involved in developing the new model of urgent care, the local urgent care centre and the local single point of access.