

# Fox Talbot House (Medvivo)

## Quality Report

Fox Talbot House  
Greenways Business Park  
Bellinger Close  
Chippenham  
Wiltshire  
SN15 1BN  
Tel: 0800 6444 200  
Website: [www.medvivo.com](http://www.medvivo.com)

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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

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
What people who use the service say	9

### Detailed findings from this inspection

Our inspection team	10
Background to Fox Talbot House (Medvivo)	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fox Talbot House known as Medvivo on 7 and 8 February 2017. Overall the service is rated as outstanding.

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. A weekly risk meeting provided a focus for risk management throughout the organisation.
- Patients' care needs were assessed and delivered in a timely way according to need. The service consistently exceeded the National Quality Requirements.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had undertaken training 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, and the out of hours staff always provided other services, for example the local GP and 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. The provider has proactively initiated public listening events to ensure people had the opportunity to shape the delivery of care they receive.
- 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 the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs. The vehicles used for home visits were clean and well equipped.
- The leadership and culture of the provider was used to drive improvements and deliver high quality person centred care.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

We saw several areas of outstanding service:

- The service worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example the provider worked in partnership with the ambulance service to deliver a Lift and Assist service, in order to support patients who had fallen, had not sustained an injury but were unable to get up independently. We saw that 90% of the calls for the Lift and Assist service over a six month period were managed by their responders with no other involvement required.
- There were innovative approaches to providing integrated patient-centred care. For example the provider delivered an Urgent Care @ Home service, which had been jointly commissioned by NHS Wiltshire Clinical Commissioning Group and Wiltshire County Council. The service ensured an integrated rapid health and social care response for service users in a health or social care crisis in their own home. Patients were actively supported for up to 72 hours whilst on-going support was arranged in order to avoid

inappropriate admissions and expedite hospital discharges. Since its commencement three years ago the service had supported over 2,000 patients to remain at home or to return home from hospital as soon as possible.

- The provider recognised the need to increase the resilience of the GP out of hours (OOH) cover and this had been achieved by employing and utilising paramedics to carry out a portion of appropriate domiciliary visits on behalf of the clinical team, therefore enabling a higher number of visits to be made. A trial period of five days over Christmas 2015 demonstrated improved patient outcomes from the increased clinical resource which had led to more efficient and effective home visits during busy periods. A decision has been made for this service to operate over future bank holidays.

There was one area where the provider should make an improvement:

- Review systems to ensure that equipment owned and used by sessional GPs were regularly checked and calibrated.

**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.

Good



- 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. A monthly newsletter called “The Medvivo Roundup” was shared with all staff. We saw that a regular section on shared learning from incidents that had occurred in the previous month was included. Lessons were shared to make sure action was taken to improve safety in the service.
- A weekly risk meeting provided a focus for risk management throughout the organisation.
- 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 in the preferred method of communication by the patient. 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.
- When patients could not be contacted at the time of their home visit or if they did not attend for their appointment, there were processes in place to follow up patients, including additional steps for patients considered potentially vulnerable.
- There were systems in place to support staff undertaking home visits.
- 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.
- Clinical equipment owned by the provider that required calibration was calibrated according to the manufacturer’s guidance. Sessional GPs were invited to have their own equipment checked and calibrated at the same time as the provider but there was no system in place to ensure that this had taken place.

# Summary of findings

## Are services effective?

The service is rated as outstanding for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. A monthly NICE guidance update, in an easy to read format was distributed electronically to all clinical staff. We also saw a NICE guidance review template sent to staff that contained a summary of key information provided for staff to review to determine if they need to read the guidance in full.
- Data showed that the service was consistently exceeding the National Quality Requirements (performance standards) for GP out of hour's (OOH) services to ensure patient needs were met in a timely way.
- The service used innovative and proactive methods to improve patient outcomes and working with other local providers to share best service. For example, locally there were higher than average numbers that were presenting at the emergency department (ED) unnecessarily. The provider had engaged with the local clinical commissioning group to address this. The service conducted a successful pilot where 46% of these patients were managed by the provider with no need for onward referral.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. For example, all responders (staff who delivered non clinical interventions and support services) were encouraged to undertake the Care certificate supported by the organisations six trained assessors. There was a strategy to invest in two nurses per year and develop them into Advanced Nurse Practitioners in order to provide on-going home grown talent providing resilience for the future. The provider worked collaboratively with the NHS 111 service providers in their area, for example the service held regular quality meetings and engaged in case reviews and end to end call audits.
- 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 OOH service, could refer to specialties within the local hospital. The provider attended the multi-agency risks assessment conference (MARAC) every week as the sole representative from the health community. Patients at risk of domestic violence were flagged on the patient notes and information was shared with the patients own GP.

Outstanding



# Summary of findings

## Are services caring?

The service is rated as good for providing caring services.

- Feedback from patients through our comment cards and collected by the provider was very positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The latest GP survey results published in July 2016 showed that the provider had performed higher than the national average in all areas.
- 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 service.
- The provider has proactively initiated public listening events to ensure people had the opportunity to shape the delivery of care they receive.

Good



## Are services responsive to people's needs?

The service is rated as outstanding for providing responsive services.

- The service worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example the provider worked in partnership with the ambulance service to deliver a lift assist service, in order to support patients who had fallen, had not sustained an injury but were unable to get up independently. We saw that 90% of the calls for the Lift and Assist service over a six month period were managed by the responders with no other involvement required.
- There were innovative approaches to providing integrated patient-centred care. For example the provider delivered an Urgent Care @ Home service., The service ensured an integrated and rapid health and social care response for service users in a health or social care crisis in their own home. Patients were actively supported for up to 72 hours whilst on-going support was arranged in order to avoid inappropriate admissions and expedite hospital discharges.

Outstanding



# Summary of findings

- The provider recognised the need to increase the resilience of the GP out of hours (OOH) cover and this had been achieved by employing and utilising paramedics to carry out a portion of appropriate domiciliary visits.
- The provider had engaged with the local multi faith forum to help understand the needs of individual people and try to ensure that patient's preferences and needs were being catered for.
- The provider had worked with the Swindon and Wiltshire local pharmaceutical committee to improve access for patients. The convenient locations and extended hours of local pharmacies led to the provider, enabling community pharmacists to request OOH appointments for patients they had assessed, without the need for re-triage.
- The service implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example patients identified that it would be reassuring for them to have some information following a home visit. An information card was produced which was left by the visiting clinician following each home visit. Every month the provider shared a 'You Said, We Did' learning from experience report to the staff. The provider had also designed and introduced a leaflet to gain feedback from children.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. All complaints were discussed at the weekly risk meeting. and shared, via the round up newsletter, across all staff teams.

## Are services well-led?

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

- The leadership and culture of the provider was used to drive improvements and deliver high quality person centred care.
- 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. There was clear vision throughout the service to ensure the highest standard of care and to offer patients continuously improving and appropriate access to health care professionals.
- Skill mix within the service was continually assessed, in order to address the challenges faced by out of hours (OOH) services to fulfil the needs of the community. For example, the development of prescribing pharmacists to conduct telephone

Outstanding



# Summary of findings

assessment and treatment for a range of medicine related issues and minor ailments, and multi-skilling of Paramedics working within the Single Point of Access so that they could provide additional home visiting capacity within the OOH Service during holiday periods.

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best service. Quality improvement projects were regularly undertaken to continually improve the services offered to patients. For example the lift and assist service in collaboration with the ambulance service.
- There was evidence of integrated working with the wider area and sharing of best practice. For example the provider initiated an OOH Quality Group at which every OOH provider (and NHS 111) across the Wiltshire and surrounding counties area was represented.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. The provider had been recognised as an accredited Investors in People Organisation by Investors in People South of England and was working towards the National Workplace Wellbeing Charter award. We saw that the percentage of employees who had rated the provider as a good place to work had risen from 20% in 2014 to 86% in 2016.
- There was a strong focus on continuous learning and improvement at all levels. For example the provider had identified a number of partners within the voluntary and community sector who they were working with to develop a network of local services to support and compliment fully integrated care.

# 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 asks patients about their satisfaction with the out-of-hours service. Data from the GP national patient survey published in July 2016 found:

- 72% of patients said they were satisfied with how quickly they received care from the out-of-hours provider compared to the national average of 62%.
- 77% of patients were positive about their overall experience of the out-of-hours GP service compared to the national average of 70%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection.

We received 10 comment cards which were all positive about the standard of care received. Comments included that staff were helpful and courteous and that it was an excellent and professional service.

We spoke with 13 patients during the inspection. All 13 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Friends and Family test data from November 2016 showed that 96% of patients said they would be either very likely or likely to recommend the service to their friends and family

# Fox Talbot House (Medvivo)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, three CQC inspectors and an assistant inspector.

## Background to Fox Talbot House (Medvivo)

Fox Talbot House is the registered location for services provided by Medvivo Group Limited and is known locally as Medvivo. The service covers a population of approximately 486,000 people across the county of Wiltshire. Deprivation in Wiltshire overall is lower than the national average and it has relatively low numbers of patients from different cultural backgrounds. A number of services for patients in Wiltshire are provided by Medvivo under a contract with Wiltshire Clinical Commissioning Group and Wiltshire Council.

Services offered include;

- The Access to Care service provides a single point of access, via a direct dial telephone number for health professionals and identified patients. One of the primary purposes of the single point of access is to act as a referral mechanism into both the integrated community teams and the community hospitals. The clinical staff plan the management of each case in detail before referring it to the appropriate service.
- A 'Response' team, coordinated and accessed via the single point of access, provides a range of non-clinical

interventions and support services delivered by a 24hour multi skilled team. It provides the domiciliary care element of an urgent care at home service and supports the ambulance service with non- injury falls.

- The Out of Hours (OOH) service provides GP and nurse practitioner services to patients, from six bases throughout Wiltshire. Patients are either referred to the OOH Service via NHS11 or via a dedicated Healthcare Professional referral line which also provides direct access to specified patient groups such as palliative patients. If the assessment concludes that the most appropriate course of action is for the patient to be managed by the GP 'out-of-hours' service for the area. NHS111 staff either directly book the patient a face to face appointment at one of the OOH Services Primary Care Centres or transfer the details of their assessment on to the provider service electronically. The patient is then contacted to make a further clinical assessment to determine the best way to meet the patient's needs. Patients can be given advice and prescribed treatment over the phone or be seen face to face or can be referred onto another service

The out-of-hours service is provided at six sites:

- Chippenham Community Hospital, Rowden Hill, Chippenham, Wiltshire, SN15 2AJ (open 6.30pm until 8am Monday to Friday and 24 hours over weekends and bank holidays)
- Salisbury Hospital NHS Foundation Trust, Odstock Road, Salisbury, Wiltshire SP2 8BJ Emergency Department (open 6.30pm until 8am Monday to Friday and 24 hours over weekends and bank holidays).
- Trowbridge Community Hospital, Adcroft Street, Trowbridge, BA14 8PH (open 6.30pm until 8am Monday to Friday and 24 hours over weekends and bank holidays)

# Detailed findings

- Savernake Community Hospital: Savernake, Marlborough, SN8 3HL. open from 7pm until midnight weekdays and 8am until midnight weekends and Bank Holidays)
- Warminster Community Hospital, The Avenue, Warminster, BA12 8QS (open 7pm to 11pm weekdays and 9am to 11pm at weekends and Bank Holidays).
- Devizes Community Hospital, Family Health Centre, Couch Lane Devizes, SN10 1EF (open 12.00 to 6pm Saturdays only)

There are 112 GPs contracted on a sessional basis to provide the out of hour's service. The service also employs a variety of other clinicians including 23 nurse practitioners and six pharmacists. The service is supported by a team of administrative staff.

The service was previously inspected as a pilot site for the new CQC inspection methodology in July 2013 and was found to be compliant with the regulations relating to the Health and Social Care Act 2008.

## 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, for

example, GP practices in Wiltshire, Healthwatch and Wiltshire Clinical Commissioning Group to share what they knew. We carried out an announced visit on 7 and 8 February 2016. During our visit we:

- Spoke with a range of staff GPs, nurses, drivers and receptionists at out of hour's locations, a variety of call centre staff, the medical director and other members of the senior management team.
- Spoke with patients who used the service.
- 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.
- Looked at the vehicles used to take clinicians to consultations in patients' homes, and 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. A weekly risk meeting provided a focus for risk management throughout the organisation and ensured that controls were in place to avoid or manage incidents that had occurred which had the potential to cause loss or harm to service users, visitors, staff, the organisation and any others affected by the organisational activities. The meeting consisted of reviewing recently closed incidents to ensure all actions had been completed, a review of outstanding incidents and a review and action plan for all newly raised incidents.
- 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, a monthly newsletter called "The Medvivo Roundup" was distributed to all staff, including sessional GPs who were able to log in to the intranet remotely to ensure they were kept up to date with best practice. We saw that a regular section on shared learning from incidents that had occurred in the previous month was included.

### 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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. In addition to on line training the provider had initiated face to face advanced safeguarding training for their staff. This bespoke training included utilisation of case studies that the provider had dealt with during the past 12 months and ensured staff were able to fully relate to the training.
- 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). We saw notices in the waiting rooms of sites that we visited that advised patients that chaperones were available if required.
- 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 including audits at each base site and handwashing audits. We saw evidence that action was taken to address any improvements identified as a result.
- There was a system in place and we saw evidence of up to date logs, to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance e.g. annual servicing of fridges including calibration where relevant.

## Are services safe?

- We reviewed 15 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.

### Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The provider carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. All of the nurses working within the out of hours service had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient specific prescriptions or directions from a prescriber had been adopted by the provider to allow paramedics to administer medicines in line with legislation. We saw that medicines were stored securely in cars used for visiting patients and removed from the cars when not in use. The service held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had standard operating procedures in place that set out how controlled drugs were managed in accordance with the law and NHS England regulations. These included auditing and monitoring arrangements, and mechanisms for reporting and investigating discrepancies. There were also appropriate arrangements in place for the destruction of controlled drugs. The inspection team saw that controlled drugs were checked in line with the providers policies and the controlled drugs registers were appropriately maintained at each site visited during the inspection.
- Processes were in place, and we saw they were adhered to, for checking medicines, including those held at the service and also medicines bags for the out of hour's vehicles.
- Arrangements were in place to ensure medicines and medical gas cylinders carried in the out of hours vehicles were stored appropriately.

### 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. The service had up to date fire risk assessments and we saw that the provider carried out regular fire drills. We saw 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. Clinical equipment owned by the provider that required calibration was calibrated according to the manufacturer's guidance. Sessional GPs were invited to have their own equipment checked and calibrated at the same time as the provider but there was no system in place to ensure that this had taken place.
- 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).
- There were systems in place to ensure the safety of the out of hours vehicles. Checks were undertaken at the beginning of each shift. There were six vehicles used for home visits, we inspected three vehicles and found them to be clean, tidy and well equipped. We saw service records to show that these were regularly maintained.
- 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. GPs were employed on a sessional basis and were local clinicians with an understanding of local services. We saw that there was very low requirement and usage of agency staff (3.5%) to cover rotas. In conjunction with the clinical commissioning group demand was predicted based on analysis of previous

## Are services safe?

activity, seasonal variations, the impact of predictable events such as extreme weather and seasonal infectious diseases and staffing levels were planned accordingly. Team leaders provided a Friday status report to review any last minute necessary changes to ensure all areas of rural Wiltshire were supported with adequate face to face and home visiting resources. There was a system in place to cope with surges in demand whereby there were GPs on the rota who were on call at home, with the ability to carry out remote triage via secure computer systems for short periods of time.

### **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.
- 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

Outcomes for patients who used the service were consistently better than when compared with other similar services

### 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. Additionally a monthly NICE guidance update, in an easy to read format was distributed electronically to all clinical staff. The latest month included updated guidance for example on sepsis (a life-threatening condition that arises when the body's response to infection injures its own tissues and organs) and diabetes. We also saw a NICE guidance review template sent to staff that contained summary of key information provided for staff to review to determine if they need to read the guidance in full. Included in this were also updates regarding local guidelines, for example around antibiotic prescribing.
- The service monitored that these guidelines were followed. Clinical staff acknowledged the updates and knowledge was widely cascaded throughout the teams. All staff members had access to policies, procedures and local and national guidelines via the services intranet.

### Management, monitoring and improving outcomes for people

From 1 January 2005, all providers of out-of-hours services have been required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to the clinical commissioning group on their performance against standards which includes audits, response times to phone calls, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality.

### The quality requirements

We reviewed NQR standards from the previous measured quarter, July 2016 to October 2016 and found that the service had continually met the standards required. Data over the three months showed:

NQR4: Providers must regularly audit 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).

- We found that the service was conducting a high number of call and note audits. For example every month the service completed audits of the GPs, pharmacists, paramedics and nurse practitioners to check compliance against recognised standards. Feedback was given to staff regularly including any action plans where appropriate. The auditors were also audited to ensure consistency, for example the lead who undertook the nurse practitioner audits was audited by a GP. New staff were monitored with more frequent audits. The audit process was regularly reviewed and updated to ensure it was achieving objectives and promoting good practice. This was supported by audit reports, clinical governance reports, policies and quality standards.
- We looked through a number of staff call audits and found that any areas for improvement were identified. Learning and feedback was given. Staff reported that this was in an open supportive culture and focussed on ensuring the best outcomes and experiences for patients. The service had achieved their target numbers of call audits over the six previous months we reviewed. For example the completed number of GP call audits in October 2016 was 109, November 2016 was 139 and December 2016 was 101.

NQR 10 - Providers must have a system for identifying all immediate life threatening conditions and need to assess patients at consultations within 20 minutes of arrival. This was met at 100% from July to September 2016 hours compared to a target of over 95%.

NQR 11 - Patients must be treated by clinicians best equipped to meet their needs, especially at periods of peak demand. This was met at 100% from July to September 2016 compared to a target of over 95%.



# Are services effective?

## (for example, treatment is effective)

The provider also measured time taken to respond to initial telephone calls and face to face consultations:

- 100% of emergency calls received a face to face consultation within one hour compared to the providers set target of over 95%.
- 95 – 98% of urgent calls received a face to face consultation within two hours compared to the providers set target of over 95%.
- 100% of less urgent calls received a face to face consultation within six hours compared to the providers set target of over 95%.
- 0% calls were abandoned compared to the providers set target of below 0.1%

The Out of Hours and 'Access to Care' service was also measured to monitor outcomes for patients. Data from March 2016 to May 2016 showed:

- 32% of calls were managed by telephone advice.
- 48% of calls were referred to be seen at a primary care centre.
- 11% of calls were referred for a home visit.
- Other outcomes (less than 9%) include referral to a mental health crisis team, an ambulance emergency response was arranged, referrals to the emergency department or specialist alternative team.

The provider undertook a number of clinical audits including medicines management, use of certain medicines including certain pain relieving medicines and controlled drugs. Findings were shared through the intranet and cascaded through the clinical staff teams. For example, the use of an early warning score which assisted decision making on the most appropriate treatment outcome was conducted over two different one month periods. The findings were analysed for themes and a presentation was shared with clinical staff for learning and increased awareness.

Information about patients' outcomes was used to make improvements such as: The advice on antibiotic prescribing was regularly updated, the use of certain antibiotics was analysed across the service and any areas for improvement highlighted. The findings were shared across the relevant staff groups.

The service was proactive in monitoring and reviewing new services. For example the provider had engaged with the local CCG to reduce the local higher than average numbers that were presenting to the emergency department (ED) unnecessarily. Work was undertaken where the service accepted an increased number of call outcomes from the NHS 111 service and the ambulance service. This included cases which would have been referred to contact a GP or primary care service within 12 to 24 hours, and also calls which otherwise NHS 111 would refer to an emergency department (ED) within four hours. The provider trialled a Clinical Hub on behalf of the Regional Urgent & Emergency Care Network. For the initial 1,064 cases, they conducted call audits of 17-20% of the calls and 100% of completed notes were reviewed. It was found that 46% of the cases were managed without needing follow up referrals, 23% were referred for GP input, 1% were referred to a local minor injury service and 1% were referred to an emergency department. Following success of the review, these outcomes from NHS111 were routinely included and the provider also included delivery of this service, for a neighbouring OOH provider.

### 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 sessional GPs. 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.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice. For example, all responders were encouraged to undertake the Care certificate supported by the organisations six trained assessors. There was a strategy to invest in two nurses per year and develop them into Advanced Nurse Practitioners in order to provide on-going home grown talent providing resilience for the future. Advanced



# Are services effective?

## (for example, treatment is effective)

Nurse Practitioners (ANP) who undertook this role were signed off as competent having undertaken appropriate university modules with a plan for on-going training in clinical assessment..

- Study days for nurse practitioners, paramedics and pharmacists were held three times a year. We saw that the last study day focussed on end of life care delivered by a local hospice.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate 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 GPs were given access to the provider's e-learning data base and were offered free attendance at available classroom learning.
- Staff involved in handling medicines received training appropriate to their role.
- To support the inclusion of prescribing pharmacists as part of the telephone assessment team, the provider in partnership with Bath University, provided input into the Non-Medical Prescribing Course and have supported a Pharmacist through their prescribing course. Initiating pharmacist triage has improved patient outcomes through an increased clinical resource leading to more efficient and effective telephone assessment and increased overall service resilience. Other benefits have included, improved collaborative working with community pharmacies and development of the pharmacist role within urgent care.

### Coordinating patient care and information sharing

NQR 2 and 3 states that providers must have systems in place to send details of all consultations electronically to the practice where the patient is registered by 8am the following day and ensure systems are in place to support and encourage the regular exchange of up-to-date and

comprehensive information between all those who may be providing care to patients with predefined needs. This was met 100% by the provider from July 2016 to September 2016 compared to a target of over 95%.

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 summary care records and any special notes in a record which detailed information provided by the person's GP. This helped the out of hours and access to care 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 service used the same electronic patient care record as the vast majority of the GP services in Wiltshire. For the remaining GP services the information was sent immediately via a secure system. This meant that for all patient consultations information was available as soon as the patient notes were completed by the clinician.

The provider was proactive regarding collaboration with other service providers to ensure that there was a focus on improving the quality of care for patients, the patient's experience of services and share ideas. The service took a holistic approach to planning services and delivering care and encouraged engagement with other health, social and voluntary services to consider the patients' needs and look for innovative ways to improve services. Examples of this were:

- The provider worked collaboratively with the NHS 111 providers in their area, for example the service held regular quality meetings and engaged in case reviews and end to end call audits to ensure the care being delivered was safe and lessons learnt for areas which could be further improved.
- 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.



## Are services effective? (for example, treatment is effective)

- The provider attended the multi-agency risks assessment conference (MARAC) every week as the sole representative from the health community. Patients at risk of domestic violence were identified and following meetings the the providers Quality Manager placed special notes on the records of patients discussed and contacted GP practices where the patients were registered to share information. The provider recognised the vulnerability of their staff in the OOH environment and enabled them to manage the risks for their staff by ensuring patients who were identified as violent were flagged within their system so that the necessary precautions could be taken.

### **Consent to care and treatment**

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

- Staff 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 13 of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Feedback data for the OOH service from June 2016 to January 2017 showed that patients reported positive outcomes from their care and experiences, for example:

- 96% of patients said their treatments had been explained
- 96% of patients said they felt involved in decisions about their care
- 96% of patients said they had the support they required
- 91% of patients said they understood what was going to happen next.

The national GP patient survey asks patients about their satisfaction with the out-of-hours service. The latest results published in July 2016 showed that the provider had performed higher than the national average in all areas. For example:

- 72% of patients said they were satisfied with how quickly they received care from the out-of-hours provider compared to the national average of 62%.
- 94% of patients said they had confidence and trust in the out-of-hours clinician they saw or spoke to compared to the national average of 90%.
- 77% of patients were positive about their overall experience of the out-of-hours GP service compared to the national average of 70%.

Friends and Family test data from November 2016 showed that 96% of patients said they would be either very likely or likely to recommend the service to their friends and family.

### 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 provider has proactively initiated public listening events to ensure people had the opportunity to shape the delivery of care they receive. Four events have been held to date and at the latest event more than 100 members of the public attended and a further event in March 2017 has been planned.

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 leaflets in the reception areas informing patients this service was available in the most commonly spoken languages across Wiltshire.
- Information leaflets were available in easy read format.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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 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, for example they service had recently provided support for one of the neighbouring out of hours GP providers when they experienced high demand.
- The provider worked in partnership with the ambulance service to deliver a Lift and Assist service, in order to support patients who had fallen, had not sustained an injury but were unable to get up independently. Following appropriate clinical assessment and referral by the ambulance service and the Access to Care team (ATC) a responder would be despatched to the patient's home with equipment, to assist the patient from the floor. The responder would then update ATC and advise if further assessment and or support would be needed. During the six month pilot period there were 158 calls that were appropriate for the falls assist service. Of these 17 were referred for further assessment, for example, the community health team or to social care. The remaining 141 were managed by the responders with no other involvement required. The service was implemented on a permanent basis as the pilot demonstrated improved outcomes for patients. For example, we saw data that for these calls a responder had arrived with the patient within one hour, reducing the potential for a hospital admission, as 20% of all falls that remain on the floor for more than one hour result in hospitalisation. The service also offered an alternative option and additional resilience for the ambulance service when managing 999 calls related to non-injury falls as capacity was released to support other 999 work.
- The provider used innovative ways to look at the range of services they were offering and tailored them to best meet the needs of the patients. The provider delivered an Urgent Care @ Home service, which had been jointly commissioned by NHS Wiltshire Clinical Commissioning Group and Wiltshire Council. The service ensured an integrated rapid health and social care response for service users in a health or social care crisis in their own home and had won a Success in Partnership award from Wiltshire Council in 2015. The Single Point of Access (SPA) assessed and coordinated support for service users and deployed the Mobile Response Service, within one hour from receipt of referral who actively supported patients in the short term (up to 72 hours) whilst the SPA arranged any on-going support required in order to avoid inappropriate admissions and expedite hospital discharges. Since its commencement three years ago the service had supported over 2000 people to remain at home or to return home from hospital as soon as possible. This had not only improved patient outcomes but it has also supported the whole system in terms of increased capacity and financial savings.
- The provider recognised the need to increase the resilience of the GP out of hours (OOH) cover and this had been achieved by employing and utilising paramedics to carry out a proportion of appropriate domiciliary visits on behalf of the clinical team, therefore enabling a higher number of visits to be made. A trial period of five days over Christmas 2015 demonstrated improved patient outcomes from the increased clinical resource which had led to more efficient and effective home visits during busy periods. A decision has been made for this service to operate over future bank holidays.
- The provider had engaged with the local multi faith forum to help understand the needs of individual people and try to ensure that patient's preferences and needs were being catered for. A number of leaflets had been developed in different languages for patients. These had been shared with representatives from the multi faith forum to ensure appropriate wording had been used and correct understanding to help improve the benefits to patients.
- The provider was aware of the rurality of the community they served ( approximately 90% of Wiltshire is classified as rural) and recognised that rural deprivation was a major concern and a cause of health inequality. This had led the provider to work with the Swindon and Wiltshire Local Pharmaceutical Committee (LPC) to improve access for patients. The convenient locations and extended hours of a local pharmacy provided an



# Are services responsive to people's needs?

## (for example, to feedback?)

optimal point of contact for health services and to capitalise on this, community pharmacists were able to request OOH appointments for patients they had assessed without the need for re-triage.

- The provider was proactive in engaging with local support services to increase their awareness of support services for their local community. They were proactive in sharing any awareness to other local health care providers for example information about support services were cascaded to the Wiltshire GP surgeries. For example the service had, joined a local 'campaign to end loneliness' in conjunction with a local charity, provided staff and entertainment to support local older peoples charity events and the provider were 'Dementia Friends' and held dementia awareness events for staff.
- The provider used innovative ways to look at the range of services they were offering and tailored them to best meet the needs of the patients, including focussing on the different groups of patients and people who were vulnerable or had complex needs. For example the provider had recently engaged with the local Healthwatch service to try to gain increased feedback from black and minority ethnic groups to ensure services were not missing any needs within the community.

### Access to the service

The 'Access to Care' (ATC) and 'Responder' service was available 24 hours a day seven days a week.

The ATC service also provided a direct line for all health care professionals to access which was also 24 hours a day seven days a week.

The OOH service was available between 6:30pm to 8am Monday to Friday and 24 hours a day at weekends and bank holidays. Patients were referred into the service via the NHS 111 service and via a direct line for certain patient groups, for example those at the end of their life and those already receiving support from the community support teams. Any patients who self-presented at one of the out of hours locations would be assessed to determine their ongoing needs and either seen or referred on to the appropriate service.

We visited three of the six locations where the provider held appointments for patients. These were within, Chippenham Community Hospital, Trowbridge Minor Injury Unit and Salisbury Hospital. We found that patients could

access services with level access, access to disabled toilet facilities and height adjustable couches. We found the service was provided in a clean environment. At each location the provider had access to the appropriate emergency equipment, hearing loops and access to translation services.

Patients could access the service via NHS 111. The service did not see 'walk in' patients and those that came in were told to ring NHS 111 unless they needed urgent care in which case they would be stabilised before referring on. There were arrangements in place for people at the end of their life so they could contact the service directly.

Feedback received from patients from the CQC comment cards and from the National Quality Requirements scores indicated that in most cases patients were seen in a timely way.

### Listening and learning from concerns and complaints

The service valued the feedback and learning from any incident and complaints as an opportunity to learn and improve service and the patients experience where possible. They had an effective system in place for handling complaints and concerns, which was continually reviewed and adjusted where any improvements were identified. For example the provider was looking at systems to improve ways to identify and themes or areas for leaning and support improved reporting. The provider analysed any complaints or feedback received as they occurred and also at the weekly risk meeting. The quality team provided detailed reports to the board which analysed themes and areas for action. For example every month the provider shared a 'You Said, We Did' learning from experience report to the staff. Recent actions that had been taken following patient feedback included:

- Patients identified that it would be reassuring for them to have some information following a home visit. An information card was produced which was left by the visiting clinician following each home visit. This card also enabled patients to provide feedback about the service they received by completing the feedback section and returning it in the prepaid envelope provided.



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

- Following feedback that patients would like to know the name of the health professional who had treated them, the provider launched the “#hello my name is...” campaign. Name badges for all clinical and patient facing staff were purchased.
- It was acknowledged that the translation service that was available, was not clearly advertised to patients on their arrival at the primary care centres. A leaflet was produced and made available at the primary care centres, in the most commonly spoken languages across Wiltshire which explained that a translation service was available.
- The provider had designed and introduced a leaflet to gain feedback from children. Results from February 2017 received from the OOH Trowbridge service showed three feedback cards had been received, which were all positive about the care they received.
- There was a designated team responsible who co-ordinated the handling of all complaints in the service. We saw that information was available to help patients understand the complaints system. For example a complaints leaflet was available at the OOH locations we visited and information was available on the website. All complaints were discussed at the weekly risk meeting. Every month points of learning were shared, via the round up newsletter, across all staff teams to help improve awareness and areas for staff learning were identified.
- We looked through six complaints received in the last 12 months and found they were dealt with in a timely way, with openness and transparency. We saw a number of examples of apologies given, and of detailed responses of investigations given to patients including any lessons learned or action taken. Letters included invitations for further meetings and follow up and options for contacting other services so patients could access other support of required.

Its complaints policy and procedures were in line with the NHS England guidance and their contractual obligations.

# Are services well-led?

Outstanding



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

## Our findings

The leadership and culture of the provider was used to drive improvements and deliver high quality person centred care. The provider undertook a systematic approach to work effectively as a whole team, involve the patients and the community and other organisations to deliver the best outcomes and deliver the care within the community wherever possible. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.

### Vision and strategy

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

- There was clear vision throughout the service to ensure the highest standard of care and to offer patients continuously improving and appropriate access to health care professionals.
- The provider valued staff engagement and the involvement and integration of the local community.
- The service had a mission statement and staff knew and understood the values.
- The service had a strategy and supporting business plans that reflected the vision and values that were regularly monitored.
- Skill mix within the service was continually assessed, in order to address the challenges faced by out of hours (OOH) services in order to fulfil the needs of the community. For example, the development of prescribing pharmacists to conduct telephone triage for medicine related issues and the employment of paramedics to provide additional home visiting capacity during holiday periods.
- Quality improvement projects were regularly undertaken to continually improve the services offered to patients. For example the lift and assist service in collaboration with the ambulance service.

### Governance arrangements

The service had an overarching governance framework that supported the delivery of the strategy and good quality care. They used the governance system and culture of the organisation to drive improvements and valued innovation. The governance structures and procedures ensured that:

- Opportunities for innovation were valued, staff were encouraged to offer new ways of working and share new ideas. The service regularly looked to engage in new pilots and opportunities for stretching their objectives. For example the service had delivered pilots for increasing care options through utilising paramedics and pharmacists, their urgent care at home service, the responder service and involvement in the local university education.
- 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. We looked at a number of these policies and found them to be in date and regularly reviewed. For example, recruitment, chaperoning and infection control.
- The provider had a good understanding of their performance against National Quality Requirements which consistently achieved results above target. 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.
- There was evidence of integrated working with the wider area and sharing of best practice. For example the provider initiated an OOH Quality Group at which every OOH provider (and NHS 111) across Wiltshire and neighbouring counties area was represented. The leadership team had recognised that although sharing and learning worked well within the organisation, the sharing of incidents, complaints, good practice were not shared more widely. Additionally these meetings had led to the identification of areas for improvement and opportunities for joint working such as the integrated clinical hub.

# Are services well-led?

Outstanding



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

## Leadership and culture

The service used a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and ensure the delivery of high quality person centred care.

On the days of the inspection the provider demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. Leaders shared their passion for improving outcomes and we saw a culture where staff were motivated to share continuous improvement and succeed. They told us they prioritised safe, high quality and compassionate care. Staff told us that the management team were approachable and always took the time to listen to all members of staff. Each of the six primary care centre bases were buddied with a member of the executive team who ensured they were visible during the OOH period. Regular visits were made to ensure good communication channels were maintained.

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 provider 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. Staff we spoke to were proud of the organisation and spoke highly of the culture. We saw high levels of staff engagement and a common focus on improving the quality of patients experience

- There were arrangements in place to ensure the staff were kept informed and up-to-date. This included the monthly clinical guidelines and a newsletter that highlighted learns from significant events, complaints

and also compliments received. Staff told us that there were regular meetings for all staff groups that were held at varying times to facilitate staff to be able to attend at least one meeting every three months.

- 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, particularly by the providers. Staff had the opportunity to contribute to the development of the service.
- The provider recognised the vulnerability of their staff in the OOH environment and enabled them to manage risk by ensuring patients who were identified as violent at the weekly multi-agency risks assessment conference (MARAC) were flagged within their system to ensure that the necessary precautions could be taken.

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

The service welcomed feedback from stakeholders, and saw this as a way of driving improvement and holding services to account. The service had high levels of staff engagement and encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The service had gathered feedback from patients through public listening events, surveys and complaints received and implemented changes as a result. For example, an information card was produced which was left by the visiting clinician following each home visit. This card also enabled patients to provide feedback about the service they received.
- The service had gathered feedback from staff through an annual staff survey and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.
- The provider had been recognised as accredited Investors in People Organisation by Investors in People South of England in November 2015. We saw that the provider had continued to build on this and was working towards the National Workplace Wellbeing

# Are services well-led?

Outstanding



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

Charter award. Strategies to achieve this included, enabling the employee voice through the the providers employee forum, promotion of personal development and career pathways and improved employee communication. We also saw from the staff survey data from February 2016 that staff felt engaged in the service and responded positively. The survey went to all members of staff and had a 58% response rate.

- 86% of staff reported they felt it was a good or excellent place to work. This had risen from 20% in 2014.
- 96% of staff felt they knew what was expected of them
- 90% of staff said they were prepared to go the extra mile for the provider.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples of this were:

- The provider had continued to build on the benefits of utilising community pharmacists to improve access for patients. Plans had been initiated to offer patients appointments in community pharmacy consulting rooms to be seen by an OOH health professional.
- It had been recognised that the voluntary and community sector has a key role in supporting people to

stay well for as long as possible. The provider had identified a number of partners within this sector who they were working with to develop a network of local services to support and compliment fully integrated care.

- An online tool called ‘Doctor Link’ was being developed by the provider that would connect patients to the most appropriate source of primary care assistance. The provider continued to work closely with local GP practices in order to develop and model the benefits of the tool, for example, freeing up capacity for more complex presentations. The tool could also be used across integrated urgent care. For example responders or paramedics could use the technology to assess their patients and deliver solutions faster and more effectively.
- The provider consistently sought opportunities to develop the health professionals of the future. A management development programme “Leading Together” had been initiated to facilitate the in house development, of leaders for the future. Involvement with a local university had led to student nurses and local ambulance emergency care practitioners being offered placements to ensure understanding and interest in delivering urgent care in an OOH setting. There was also involvement in non-medical prescribing courses and on-going support within the organisation, for example for pharmacists.