Loughborough Urgent Care Centre

Inspection report

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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 location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Loughborough Urgent Care Centre on 20 December 2018 in response to concerns. We also revisited to gather patient feedback and comments on the 31 January 2019. We found the service was meeting legal requirements.

At this inspection we found:

- There was overarching management of risk within the service which was overseen by the provider to board level in addition to the local management and governance in the centre.
- There were good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- Staff involved people in their care and treatment and treated people with compassion, kindness, dignity and respect.
- Auditing of patient records and the prescribing of clinicians was conducted to ensure care was delivered in line with evidence-based guidelines. Any areas of poor practice were challenged, and support offered to improve staff understanding.
- When the service was taken over by the provider there was a heavy reliance on agency clinicians. This was seen as a risk and the increase in salaried staff prioritised for the sustainability of the service and the continuity of care to patients.
- There was a strong emphasis on the performance of the centre and the need for improvement in the patient experience. This was monitored locally and at provider level.
- There was a supportive management team in the centre and they were able to make changes and develop the service calling on the additional expertise and resources of the provider when required.

The areas where the provider **should** make improvements are:

- The process for ensuring the fridge temperatures were monitored daily was not always adhered to. Although there was a policy in place, the centre had not ensured staff checking the temperatures were trained and that it was completed daily. Although a monthly review of the data loggers revealed the medicines were stored safely the daily check would not have alerted staff to an issue as it was conducted incorrectly.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC Lead Inspector**.**
The team included two GP specialist advisers.

Background to Loughborough Urgent Care Centre

DHU Health Care C.I.C. (the registered provider), has been responsible for the Loughborough Urgent Care Centre since 11 August 2016.

The centre provides assessment and treatment for urgent health conditions such as: minor burns and scalds, infections through to suspected broken bones, sprains and strains. The centre has x-ray services on site and is staffed primarily by advanced nurse practitioners, emergency care practitioners and doctors. The clinical team are supported by receptionists and a management and administrative team.

There is parking outside the centre, including dedicated disabled spaces. There are public transport links nearby.

All care is provided on a ground floor centre located within Loughborough Hospital.

The centre is open between 7am and 9pm, 365 days a year and no appointment is required. The service operates from:

Hospital Way

Loughborough

Leicestershire

LE11 5JY

We visited the site for this inspection on 20 December 2018 and 31 January 2019.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

The centre had systems and processes in place to enable staff to report and record incidents and significant events.

- Staff informed the centre manager of any incidents and completed a form detailing the events. Copies of the forms were available on the centre's computer system. Reported events and incidents were logged and tracked until the incident was closed. Incidents were managed centrally by the provider with input from the staff or patients involved, and outcomes shared with the reporting site. Outcomes were also shared within the wider organisation at other centres where needed.
- The incident recording system 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).
- When things went wrong with care and treatment, patients were informed of what had happened and offered support, information and apologies. Affected patients were also told about actions taken to improve processes to prevent the same thing happening again. Depending on how appropriate it would be, the centres management team would be involved in the responses and meet with patients. Otherwise all complaints were handled centrally by the provider.
- We saw that incidents and significant events were discussed on a regular basis and learning was disseminated across different staff groups. This was included as a standing item at clinical team meetings and information sent through the monthly newsletter and emails to ensure all staff had access to the outcomes.
- We reviewed 10 safety records, incident reports and safety alerts reported in the previous 12 months and minutes of meetings where these were discussed. We saw evidence that lessons were shared, and action was taken to improve safety in the centre.
- There were arrangements for planning and monitoring the number and mix of staff needed to meet demand. An improved rota system had been implemented and staff numbers had been increased.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- We saw that when patients were discharged they were told how to seek further help if their condition got worse and this was documented.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were accessed and managed in a way that kept patients safe. The care records we saw demonstrated that relevant information was available to the clinical and this allowed them to deliver safe care and treatment.
- Information placed in the record during the consultation was clear and allowed effective follow up from GPs and other services once the patient was discharged from the centre.
- Referrals were made by clinicians in line with protocols and up to date evidence-based guidance.
- The centre had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines, equipment, controlled drugs and vaccines minimised risks. The service kept prescription stationery securely and monitored its use.
- The process for ensuring the fridge temperatures were monitored was not always adhered to. Although there was a policy, the centre had not ensured staff checking the daily temperatures were adequately trained and that it was completed daily. Temperatures were being noted on a sheet inaccurately, with the decimal point in the wrong place, and there were irregular gaps in the completion of the form. However, a monthly review of the temperatures from a data logger had showed the ranges to be within safe limits.

Are services safe?

- There was effective management and procedures for ensuring medicines, equipment and emergency medicines were in date and stored appropriately. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The centre had a dedicated 'resus' room where all emergency medicines and equipment such as a defibrillator and oxygen with adult and children's masks was stored. This allowed deteriorating patients to be cared for in a purpose designed room whilst awaiting an ambulance.
- The provider had a central medicines team. They reviewed and audited the prescriptions issued by clinicians to ensure the medicine was the most appropriate and in line with PGDs, local and national guidance. For example, the team had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. Each site had a general audit in addition to individual clinician prescribing audits which were discussed at 121s and appraisals.
- We saw evidence of completed stock checks completed. The central medicines team and staff kept accurate records of medicines when a medicine was prescribed or administered by a clinician.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- There was a central medicines team who oversaw updates, managed medicines and completed audits, at both site and individual clinician level, to ensure prescribing was in line with best practice. The clinical lead and manager reviewed the audits and supported staff with prescribing when required.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Managers supported them when they did so. A central team were available to log all significant events and support investigations when required.
- There were effective systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, when a clinician did not prescribe a medicine for a patient who presented at the centre, it was reviewed and found that a medicine might have cleared the condition more effectively. The clinician reviewed the record and wrote a reflective piece covering the condition, the treatment and the benefits of prescribing the medicine. In addition to the personal reflection reviewed by the clinical lead at the centre, it was also found to be valuable to share in the monthly newsletter so staff at all sites could learn and reduce the likelihood of it happening again.
- The centre learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. This was done through emailed newsletters, posters and monthly staff meetings.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Processes were in place for managing updates to medicines and guidelines as recommended by, for example; the Medicines and Healthcare Products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).
- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The central medicines team monitored that these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Patients were referred into secondary care or to their GP for further care when appropriate.
- Care and treatment was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. We saw no evidence of discrimination when making care and treatment decisions. Every patient who presented at the centre was seen and cared for, irrelevant of whether they met the contract boundaries set by the commissioners of the service.
- There were arrangements in place to deal with repeat patients. Data was submitted to the CCG so any patients with particular needs, or practices putting increased workload on the centre were highlighted and appropriate support provided.
- When staff were not able to make a direct appointment on behalf of the patient, clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. We saw the most recent results for the service (November 2017 to November 2018) which showed the centre was performing, against specific indicators, in the following way:
  - Since May 2018 100% of booked patients had been seen treated and discharged within two hours of their appointment. This was an improvement over April 2018 when only 89.2% of patients were discharged within two hours.
  - The percentage of patients receiving an initial assessment within 15 minutes of arrival was variable, averaging 52% from December 2017 to October 2018. However, had had shown improvement in November 2018 with the new triage system in use when it rose to 81%.
  - The average time to assessment over the past 12 months was 21 minutes.
  - The percentage of walk in patients seen and treated within four hours averaged 96% over the preceding 12 months.
  - The average time to completing assessment for walk in patients over the past 12 months was 1 hour 38 minutes.
- Where the service was not meeting the target, the provider had put actions in place to improve performance in this area. For example, any breaches were reported to a central team and the likely reason given so trends could be assessed, and additional support put in place to improve future performance.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, an audit was conducted to review the type of antimicrobial being prescribed in the centre by the clinicians. The results showed two medicines were being prescribed correctly, according to the PGDs and the Leicestershire antimicrobial prescribing guidance. A second audit was carried out which validated the initial results and showed positive

prescribing of antimicrobials at the centre. The results for other sites the provider ran were not as positive for a variety of reasons and so actions were put in place for all staff. These included:

- ▪ Guidance was recirculated to all staff.
  ▪ The audit was published in the clinical newsletter to highlight the action needed.
  ▪ Agency staff were given a set of guidance prior to commencing their shift.
  ▪ The audit was included as a point in all discussions at peer review sessions.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The provider had been recruiting to ensure there was a reducing dependency on agency staff. This had been part of the long-term plan for the centre and continues to be part of the sustainability of the service.
- There had recently been a rota review to improve the availability of staff and increase the notice of shifts they worked so they could plan work and personal life further in advance. This had been competed in consultation with staff and was due to be rolled out in January 2019.
- The centre had a role specific induction programme for newly appointed clinical and non-clinical staff which was complete once they had undergone their introduction to DHU. This was held at the providers head office and covered mandatory training relevant to their role, as well as an understanding of the organisation.
- Recruitment was ongoing at the time of inspection and the provider was engaging with potential employees through events as well as offering a portfolio carer in other areas of the service such as home visiting and primary care to encourage applicants.
- All new staff had a mentor who shadowed them through the first month of their employment to help them gain confidence in systems and local pathways and meet their competencies.
- Agency staff were also offered a paid shadowing shift to understand the systems and processes in place and allow them opportunity to ask questions and become acquainted with the centre.
- The learning needs of staff were identified through a system of annual appraisals, meetings and reviews of development needs. The centre had development plans for staff to undertake training relevant to their role, and beneficial to their development and the service. This included training such as advanced practitioner and prescribing courses. Staff told us they were supported in their development and training and managers prioritised their competence and confidence during inductions.

Coordinating care and treatment

Staff worked together and worked well with other organisations to deliver effective care and treatment.

- Information needed to plan and deliver care was available to staff in a timely and accessible way through the centre's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.
- The centre had access to in house x-ray and blood testing equipment to assist in diagnosis and screening during the patients visit to the centre. Clinicians could also request other tests through the hospital or laboratory for follow up later by the centre or the patient's own GP.
- The centre shared relevant information with other services in a timely way, for example when patients were regularly attending the centre, or were referred to other services their GP would be informed to allow for additional support and continuation of care.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. For example, when a patient was diagnosed with atrial fibrillation they were referred to the appropriate service and their GP informed to ensure ongoing care. Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate.
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.

Are services effective?

- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained 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.
- We saw that consent was gained at the reception desk for the clinician to access patients records and this was documented.
- When providing care and treatment for children and young people, staff carried out assessments of their capacity to consent in line with relevant guidance.
- Where a patient's capacity to consent to care or treatment was unclear, clinical staff undertook assessments of mental capacity.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Consultation and treatment rooms were separated from the waiting area and doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The reception layout was optimised to ensure confidentiality to those patients at the reception desk. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A second waiting area was available closer to the consultation rooms and this was used for patients between consultations, awaiting results, or those who would benefit from a quieter environment such as children.
- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Of the 24 patient Care Quality Commission comment cards we received, 23 were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test. When compared to NHS choices website this was an improvement in the way patients felt about their care.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that 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.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, a graphical pain score for children, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. Patients were supported to ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff always respected confidentiality. The layout of the centre allowed distance from the consultation rooms and the waiting area and conversations could not be overheard.
- Staff understood the requirements of legislation and guidance when considering consent and decision making. We saw this was documented in the patients records when appropriate.
- Chaperones were available, and we saw signs in the waiting area and clinical rooms to make patients aware of the service.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

We rated the service as good / outstanding for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs.
- The computer system used allowed access to the patient's summery care record, with their consent. This allowed staff to be aware of any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The provider was in talks with the local ambulance service to publish the facilities and treatments available. The aim was to increase the ambulance referrals the centre received and reduce the need for patients to be taken to Leicester Royal Infirmary emergency department and be treated closer to home.
- Patients could walk into the centre and receive an appointment as well as book appointment times through 111.
- Appointments took as long as required to treat patients or find a suitable referral route.
- The centre was open 24 hours a day, 365 days a year.
- There was Doctor led care available for 16 hours each day.
- Additional services included:
  - X-ray facilities
  - Wound management and dressings
  - On site blood testing to reduce waiting times for results.
- Parking was immediately outside the centre and there was dedicated disabled parking.
- There were good transport links to the centre.
- The waiting area was large, able to accommodate patients with wheelchairs and pushchairs through to the consultation rooms and had adequate seating for patients, except for when demand was extraordinary.
- A separate waiting area for children was available with toys.
- There were facilities for patients with a disability including dedicated parking, accessible toilets and a lowered reception desk. Corridors and doors were accessible to patients using wheelchairs.
- A baby changing room was available and the centre had facilities for breast feeding if privacy was required.

There was some information available through the University of Leicester Hospitals website on accessing Loughborough Urgent Care Centre and information on NHS Choices was still correct in terms of location and opening times but hadn't been updated since 2015.

Staff told us access to the centre was without discrimination and they would always see patients.

The centre monitored the feedback from the friends and family test which was given to all patients when they checked into the centre. In the preceding six months leading to the inspection the centres result showed:

- In June the average score was 74, 2 comments made were negative and 12 were positive.
- In July the average score was 70, 8 comments made were negative and 14 were positive.
- In August the average score was 83, 5 comments made were negative and 17 were positive.
- In September the average score was 70, 8 comments made were negative and 13 were positive.
- In October the average score was 77, 2 comments made were negative and 8 were positive.
- In November the average score was 58, 13 comments made were negative and 16 were positive.

The most significant change made in response to the feedback was to amend the triaging process. Previously patients were triaged by the next available clinician and they would often also carry out treatments if it was perceived as a quick referral or prescription. After research carried out by the clinical lead dedicated triage clinicians were allocated each shift and they did not carry out any treatments or full examination. This had led to a quicker triaging time for patients and more clarity in the role for clinicians.

Feedback and performance was being monitored with the new system in place which began in October 2018.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

Are services responsive to people's needs?

- The centre had reviewed the process for triaging patients and based on performance and patient feedback, combined with academic research into the safest methods of triaging patients within an urgent care setting, put in place a new triage system which has reduced waiting times and improved the safety and performance of the centre.
- Patients were able to access care and treatment at a time to suit them. The service operated 24 hours a day, 365 days a year.
- Patients could access the service either as walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- When patients arrived at the centre, there was clear signage which directed patients to the reception area. Patient demographics (name, date of birth and address), a brief reason for attending the centre and consent to access the patients record was gained and recorded on the computer system by one of the reception team.

Patients would then be called through to see a triage nurse who would take observations, a brief history of the complaint and through a scoring system document the severity of the patient's condition.

Patients were generally seen on a first come first served basis although patients with a timed appointment through 111, being seen as close to the appointment as possible once they had also been triaged. However, there was flexibility in the system so that more serious cases could be prioritised as they arrived.

- There were effective arrangements in place to monitor patient demand to appointments. The provider was accumulating data which would be used to predict times of high demand. Staffing levels were planned to meet expected demand and the management team covered last minute shortfalls in addition to staff from other areas of the providers services such as home visiting and out of hours being able to help when possible.
- Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.
- Referrals and transfers to other services were undertaken in a timely way. We saw that a patient whose condition was deteriorating was cared for in a specific room with a dedicated clinician whilst an ambulance was requested to take the patients to the emergency department.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations.
- There was a designated responsible person who received all complaints in the centre and a centralised provider team who would oversee the complaints process and were available for support as required.
- We saw that information was available to help patients understand the complaints system including posters and leaflets.
- Staff we spoke with were aware of the complaints procedures within the centre and told us they would direct patients to the centre manager if required.

The complaints team would hold meetings with local managers to review complaints and an annual review of all complaints received was undertaken. This enabled the centre to identify any themes or trends and all relevant staff were encouraged to attend. Staff were informed of outcomes through emails and if the outcome led to service wide change the learning would be shared with all provider staff to ensure improvements were made.

- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- We saw evidence of staff working together with a balanced clinical team of GPs, advanced nurse practitioners, and emergency care practitioners to support the needs of the varied population.
- Staff told us there was a supportive management team within the centre, who had made substantial improvements to the centre over the six months prior to the inspection. Staff told us these changes had improved their work life balance, morale, and the sustainability of the service for patients and staff.
- There had been staff meetings every two months with minutes sent out to staff by email for those unable to attend. However as there had been increased continuity of staff monthly team meetings were planned.
- There were monthly team meetings planned. Previously they had been every two months with an email sent to all staff with minutes for anyone who did not attend.
- Staff were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. There were specialist teams on hand to support the centre manager, clinical lead and staff when required, such as the medicines management team or safeguarding team.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care? priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy through performance monitoring and meetings with the centre manager and clinical lead.

Culture

The service had a culture of high-quality sustainable care.

- During the inspection the managers demonstrated they had the experience, capacity and capability to run the centre and ensure high quality care. They told us they valued the team and wanted to improve the stability of the workforce through a more regular rota and increased numbers of substantive staff. They prioritised the care patients received through clear oversight and support of staff to ensure high quality and safe care. Staff we spoke to told us the managers were approachable and always took the time to listen to members of staff.
- There was a clinical lead and centre manager and they were available for support and advice when required. In addition, there were area managers and executive teams from the provider organisation available for support and guidance with specific teams for matters such as human resources, medicines management and safeguarding.
- The managers were 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).
- The management team encouraged a culture of openness and honesty. There were systems in place to ensure that when things went wrong with care and treatment.
- People were given reasonable support, information and a verbal and written apology. They also told people about any findings from investigating their complaint and any actions they had taken to prevent the same thing happening again.
- The service kept written records of verbal interactions as well as written correspondence, unless the complaint was managed by the provider complaints team in which case all documentation was held centrally.

Are services well-led?

- We saw that leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- There was a regional clinical governance team who met locally every week to discuss incidents, serious incidents and complaints. These were escalated to the board if appropriate and learning shared across all locations if it would benefit practice.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The providers policies, procedures and activities were embedded to ensure safety and assured managers they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Record reviews were undertaken by the clinical lead and prescribing audits completed by the centralised medicines management team, the results of which were used in appraisals and staff performance reviews.
- The centre manager and clinical lead had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. Any poor performance was identified, and the centre manager reported the reasoning for it to the quality team. If changes could be made to improve future performance, then they were addressed.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.

Are services well-led?

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- Staff were able to describe to us the systems in place to give feedback. For example, staff had regular appraisals and told us they would be happy to approach the centre manager if they had any issues.
- All patients received a friends and family card to complete during their visit. This information was reviewed, and changes made as a result. For example, the triage system had been evaluated and improved so dedicated staff completed a triage and patients were made aware of the wait and the process more clearly at reception.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.