

# Care Unbound Limited Head Quarters

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection at Head Quarters on 26 January 2018 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led.

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Head Quarters (known as Here) provides a memory assessment service and musculoskeletal service to outpatients from the Brighton and Hove area. The organisation is part of Here, which also operates a primary care referral service, a local GP practice, a community eye service and a wellbeing service. This report relates only to the services registered as Head Quarters which are the memory assessment service and the musculoskeletal service. Services are based across various branch sites within the Brighton and Hove area.

Dr Helen Curr and Mr Jon Ota are the registered managers. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Twenty seven people provided feedback about the service via comment cards all of which were very positive

# Summary of findings

about the standard of care they received. The service was described as excellent, professional, helpful and caring. Patients said they felt listened to and found the staff to be kind and welcoming.

## **Our key findings were:**

- There was a strong approach to safety of systems for reporting and recording incidents
- Information about services and how to complain was available and easy to understand.
- The provider routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on patient involvement with patient representatives actively involved in projects and audits.
- There was continuous learning and improvement at all levels of the organisation. The provider worked closely with their partner organisations to provide and improve care for their patient populations.
- Staff were very positive about working for the service and told us this was a fantastic place to work.
- Patient survey results were positive.
- The clinical areas were well organised and equipped.
- The provider assessed patients according to appropriate guidance and standards.
- Staff maintained the skills and competence to support the needs of patients. Staff were up to date with current guidelines.
- Risks to patients were well managed. For example, there were effective systems in place to reduce the risk and spread of infection. Medicines were stored appropriately.
- Systems were in place to deal with medical emergencies, staff were trained in basic life support and the provider had appropriate emergency medicines in place.
- Staff were kind, caring and put patients at their ease.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had systems, processes and risk assessments in place to keep staff and patients safe.
- Staff had the information they needed to provide safe care and treatment and shared information as appropriate with other services.
- There were systems in place to check patients' identity.
- The provider had a good track record of safety and had a learning culture, using safety incidents as an opportunity for learning and improvement.
- There was an effective system in place for reporting and recording significant events.
- The staffing levels were appropriate for the provision of care provided.
- We found the equipment and premises were well maintained with a planned programme of maintenance.
- Emergency equipment and medicines were regularly checked.

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### Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Patients were referred by their GP or self-referred to the services. Assessment and treatment was monitored using a range of resources, including the National Institute for Health and Care Excellence (NICE) guidance.
- The service had a focus on helping patients to manage their conditions within their lifestyles. Treatments were based on what mattered most to patients and was tailored their individual needs.
- There was evidence that the memory assessment service had helped to increase the numbers of patients diagnosed with dementia.
- Patients and carers were supported to live well with their diagnosis and make decisions about ongoing treatment. They were signposted to the relevant help and advisory services.
- The provider reviewed the effectiveness and appropriateness of the care provided and staff were actively engaged in monitoring and improving quality and outcomes.
- We found staff had the skills, knowledge and experience to deliver effective care and treatment.
- The aims and objectives of the service were to support patients to live healthier lives. This was done through a process of assessment and screening and the provision of individually tailored advice and support.

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### Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Staff were courteous and helpful to patients and treated them with dignity and respect.
- There was a strong focus on quality and the provider was proactively involved in quality networks and disseminating and implementing findings from reports and quality summits.
- The service respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and complied with the Data Protection Act 1998.

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### Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

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# Summary of findings

- The service conducted regular patient surveys and had improved the service as a result of feedback. For example the musculoskeletal service improved their waiting times in response to patient feedback.
- Appointments were available from Monday to Friday and the length of appointment was specific to the patient and their needs.
- The facilities and premises were appropriate for the services delivered.
- The service took complaints, incidents and concerns seriously and responded to them appropriately to improve the quality of care.

## Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The provider was part of a parent organisation which had an extensive governance and management systems.
- There was a clear leadership structure in place and staff felt well supported by management. They told us they felt this was a fantastic place to work because they felt well supported by managers who cared for their welfare. They told us they received the training they needed to fulfil their roles and responsibilities.
- The provider had a clear vision to provide a high quality responsive service that put caring and patient safety at its heart.
- There was a strong focus on staff wellbeing.
- The provider had strong systems in place to manage governance which was integrated to reflect the different clinical services and partnership organisations involved with the service.
- There were clear and effective processes for managing risks, issues and performance.
- A programme of audits ensured the clinics regularly monitored the quality of care and treatment provided and made improvements as a result.
- Patient representatives were directly involved in the operational aspects of the service and feedback was invited regularly.
- There was a strong focus on continuous learning and improvement at all levels within the service.
- The provider was proud to be the 2017 winner of a national social enterprise award.

# Head Quarters

## Detailed findings

### Background to this inspection

Head Quarters provides a memory assessment service and musculoskeletal service to outpatients from the Brighton and Hove area. The organisation is part of Here, which also operates a primary care referral service, a local GP practice, a community eye service and a wellbeing service. This report relates only to those services registered with CQC namely the memory assessment service and the musculoskeletal service. Between June 2016 and June 2017, 560 new patients were diagnosed with dementia through the memory assessment service. Around 350 patients were seen every day by the musculoskeletal service.

The service operates from a head office at:

4th Floor

177 Preston Road

Brighton

East Sussex

BN1 6AG

Patient services are delivered from the following satellite sites across the Brighton and Hove area:

#### Memory Assessment Service:

- Alzheimer's Society, Montague House, Montague Place, Brighton, BN21 1JE
- Beaconsfield Medical Centre, Fourth Floor, 175 Preston Road, Brighton, BN1 6AG
- Benfield Valley Healthcare Hub, County Clinic site, BN41 1XR
- Carden Surgery, County Oak Medical Centre, Carden Hill, Brighton, BN1 8DD
- Carers Centre, 18 Bedford Place, Hove, BN1 2PT

- Clinical Imaging Sciences Centre, University of Sussex, Falmer, BN1 9RR
- County Oak Medical Centre, Carden Hill, Brighton, BN1 8DD
- St Luke's Surgery, The Grand Ocean Medical Centre, Saltdean, BN2 8BU
- Stanford Medical Centre, 175 Preston Road, Brighton, BN1 6AG
- The Montefiore Hospital, 2 Montefiore Road, Hove, BN3 1RD
- Wish Park Surgery, 191 Portland Road, Hove BN3 5JA

#### Musculoskeletal Service:

- Beaconsfield Medical Centre, Fourth Floor, 175 Preston Road, Brighton, BN1 6AG
- Brighton Diagnostic and Treatment Centre, American Express Community Stadium, Falmer, BN1 9RH
- County Oak Medical Centre, Carden Hill, Brighton, BN1 8DD
- Foot Health Department, Brighton General Hospital, Brighton, BN2 3EW
- Hangleton Community Centre, Harmsworth Crescent, Hove, BN3 8BW
- Hove Polyclinic, Nevill Avenue, Hove, BN3 7HY
- Mile Oak Medical Centre, Chalky Road, Portslade, BN41 2WF
- Radius Healthcare, Sussex County Cricket Club, Hove, BN3 3AN
- Saltdean and Rottingdean Medical Practice, The Grand Ocean Medical Centre, Saltdean, BN2 8BU

The service employs three clinical directors, a clinical lead, a pain management and primary care lead, two GPs, an osteopath, two consultant physiotherapists, a physiotherapy lead, ten physiotherapists, an occupational therapist, a hand and wrist therapist, a nurse managing director and four nurses. There is a team of receptionists and administration support staff. Some of the clinicians

## Detailed findings

providing services are seconded from local enterprises and charities. The provider was partnered with other local enterprises and charities to help meet the needs of the local community.

The service operates from at various times at the satellite sites from Monday to Friday during the hours of 8.30am to 5pm. The memory assessment service also offers home visits for patients unable to attend clinics.

Head Quarters is registered to provide the regulated activities of diagnostic and screening procedures, surgical procedures and treatment of disease, disorder and injury.

We carried out an announced comprehensive inspection at Head Quarters on 26 January 2018. Our inspection team was led by a CQC lead inspector and included a practice manager specialist adviser and a nurse specialist adviser. Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Spoke with the provider, staff and patients.

- Attended the head office as well as the following branch sites: County Oak Medical Centre; Stanford Medical Centre and Brighton Diagnostic and Treatment Centre.
- Looked at equipment and rooms used when providing health assessments.
- Reviewed records and documents.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

### Safety systems and processes

The service conducted safety risk assessments. There was a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. The provider had a lead professional as the safeguarding lead. The provider carried out staff checks on recruitment and on an ongoing basis, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for all staff who had direct contact with patients. (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).

Information in the waiting areas advised patients that staff were available to act as chaperones. Staff who acted as chaperones were trained for the role and had received a DBS check.

There was an effective system to manage infection prevention and control. Daily checks were completed in each assessment room for cleanliness which included equipment. There was a cleaning schedule in place that covered all areas and detailed what and where equipment should be used.

The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were arrangements in place on each site to respond to emergencies and major incidents. All staff had completed training in emergency resuscitation and life support which was updated yearly.

Emergency medicines and equipment were easily accessible to staff in secure areas and all staff knew of their

location. Each site had suitable emergency resuscitation equipment including an automatic external defibrillator (AED) and oxygen with face masks for both adults and children. There were medicines for use in an emergency. Records showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

There were up to date fire risk assessments and regular fire drills were carried out on all sites. All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly.

### Information to deliver safe care and treatment

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

Patients were referred by their own GP and a health assessment was completed during their initial assessment. There were systems in place to check patients' identity. Patients and their GP received a report of their assessment and treatment along with results. We reviewed anonymised reports and found they contained relevant information recorded in a clear and structured way.

Assessments and treatment were recorded on the clinics' electronic systems. We found the electronic patient record system was only accessible for staff with delegated authority which protected patient confidentiality. There was off site record back up system.

### Safe and appropriate use of medicines

There were reliable systems on each site for appropriate and safe handling of medicines. The systems for managing medicines, including emergency medicines and equipment minimised risks. Prescription stationery was securely stored and monitored its use. Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. For example the musculoskeletal service pharmacist reviewed the medicines management processes of all sites on an annual basis and made recommendations to improve patient safety and reduce risk. We saw that all recommendations had been actioned for the most recent review. The service involved patients in regular reviews of their medicines.

### Track record on safety

# Are services safe?

The provider had a good safety record. There were comprehensive risk assessments in relation to safety issues. There was a system for receiving, reviewing and taking action on safety alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA)).

Patient records were held electronically and safely secured and managed to ensure the service complied with the Data Protection Act 1998.

## **Lessons learned and improvements made**

There was an effective system in place for reporting and recording significant events. Significant events were recorded on the computer systems which all staff had

received training to use. There was a thorough analysis of the significant events and the outcomes of the analysis were shared at staff meetings. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared nationally to make sure action was taken to improve safety. When there were unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.



# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

### **Effective needs assessment, care and treatment**

Patients were referred by their GP or self-referred to the services. Assessment and treatment was monitored from a range of resources, including the National Institute for Health and Care Excellence (NICE) guidance. There were systems in place to keep staff up to date with new guidelines. Monitoring was in place to ensure that these guidelines were adhered to through routine audits of patients' records.

Patients and carers were supported to live well with their diagnosis and make decisions about ongoing treatment. They were signposted to the relevant help and advisory services

### **Memory Assessment Service**

The memory assessment service was established to deliver better outcomes for people with memory problems and dementia. Patients who are diagnosed are more able to access the support they need and there was evidence that the service had helped to increase the numbers of patients diagnosed with dementia by contributing 42% of an estimated prevalence of around 3,000 dementia diagnoses in Brighton and Hove in the year from June 2016 to June 2017. This was an increase from 1,132 in 2011 to 2012, prior to the service being established.

Patients and carers were supported to live well with their diagnosis and signposted to the relevant services. The service helped patients make decisions about ongoing treatment and support

Group therapy for people experiencing mild cognitive impairment was available to patients who had received their diagnosis of dementia.

### **Musculoskeletal Service**

The musculoskeletal service focused on encouraging patients to self manage their condition and take control of their own health. Patients could self-refer to some aspects of the service including physiotherapy.

Following an initial assessment patients were sent an outcome letter which was addressed directly to the patient,

rather than the referring clinician, which detailed their individual care plan. Initial appointment letters, were written in user-friendly ways and included questions that patients should think about before coming in, to help them make the most of their consultation.

The service signposted where appropriate to other local services, including health trainers, weight management services, mental health services, and services that promote physical activity. This included the 'Right Track' programme which supported patients to increase their physical activity as a way of managing their musculoskeletal condition. There was also a self-management programme for patients diagnosed with rheumatoid arthritis. Patients were able to self-refer to these services.

Patient were able to re-refer to the service within six months of discharge.

As a result of this approach the service was able to demonstrate a reduction in the number of patients requiring surgery following treatment. There was evidence that 750 fewer patients were referred for surgery in 2016 compared to the previous year.

### **Monitoring care and treatment**

The provider reviewed the effectiveness and appropriateness of the care provided. Staff were actively engaged in monitoring and improving quality and outcomes. Audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patients' outcomes. We reviewed seven audits including an audit to assess the efficacy of a certain treatment for patients with hand and wrist pain and an audit of patients referred to the memory assessment service who also had abnormal imaging results which showed improvements on the second cycle.

### **Effective staffing**

We found staff had the skills, knowledge and experience to deliver effective care and treatment. There was an induction programme for newly appointed staff that was tailored to individual roles and covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

We reviewed the in house training system and found staff had access to a variety of training. This included e-learning training modules and in-house training. Staff were required

# Are services effective?

(for example, treatment is effective)

to undertake mandatory training and this was monitored to ensure staff were up to date. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.

Staff learning needs were identified through a system of meetings and appraisal which were linked to organisational development needs. Staff were supported through one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

## **Coordinating patient care and information sharing**

The service shared relevant information with the patient's permission with other services. For example, when referring patients to secondary health care or informing the patient's own GP of any concerns.

## **Supporting patients to live healthier lives**

The aims and objectives of the service were to support patients to live healthier lives. This was done through a

process of assessment and screening and the provision of individually tailored advice and support to assist patients. Patients were provided with fact sheets and links to direct them to more detailed information on aspects of their health and lifestyle should they require this.

## **Consent to care and treatment**

We found 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. We saw the services obtained written consent before any treatment and for sharing information with outside agencies such as the patient's GP. The process for seeking consent was demonstrated through records. We saw consent was recorded in the patient record systems. This showed the service met its responsibilities within legislation and followed relevant national guidance.

# Are services caring?

## Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Staff were trained in providing motivational and emotional support to patients in an aim to support them to make healthier lifestyle choices and improve their health outcomes.

The musculoskeletal service NHS Friends and Family Test results for 2017 showed that 90% of patients would recommend the service compared with 87% in 2016. The service's own survey results which showed that 70% of patients' gave positive qualitative feedback.

### **Involvement in decisions about care and treatment**

Patients were provided with information about treatment options. The feedback we received demonstrated people felt involved and very much part of planning the care they received.

The provider had a focus on quality of care. They told us they continually improved the care received by patients through quality networks, summits and reports in which staff and patients from within services and from referring and partner organisations were involved.

### **Privacy and Dignity**

The service respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and complied with the Data Protection Act 1998. All confidential information was stored securely on computers and paper files.

Curtains were provided in clinic rooms to maintain patients' privacy and dignity during assessments and consultations with the doctor. Clinic room doors were closed and we noted that conversations taking place could not be overheard.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

### Responding to and meeting people's needs

#### Memory Assessment Service

The service conducted regular patient surveys and had improved the service as a result of feedback. For example the service formerly focused resources on speed of diagnosis but found that to 70% of patients this was less important than ongoing support. The provider told us they redesigned the service to focus on care and support from first contact, rather than diagnosis. They also recruited support workers with whom patients had their first and regular contact and who were able to have meaningful discussions regardless of diagnosis and who were able to signpost patients to other services available to them. For example, there was a local befriending group to help relieve the loneliness and isolation that patients reported. The provider had collected evidence showing that 94% of patients who had used the service reported that it had delivered benefit to them.

There were home visits available for patients who were unable to attend the clinic.

#### Musculoskeletal Service

The most frequent improvement suggested by patients of the service was time between referral to treatment. The service worked to improve their waiting times in response and waiting times had decreased from 18 weeks to eight weeks for 85% of patients. The provider told us that since waiting times have improved patients have reported short wait times being a positive aspect of the service.

The facilities and premises were appropriate for the services delivered. The clinic rooms were on the ground floor or accessible in a lift. There were adequate toilet facilities including toilets for people who were disabled and baby changing facilities.

### Timely access to the service

Appointments were available from Monday to Friday and the length of appointment was specific to the patient and their needs. Patients booked appointments through a central appointments management team. Patients who needed to access care in an emergency or outside of normal opening hours were directed to their own GP or the NHS 111 service.

### Listening and learning from concerns and complaints

The service took complaints, incidents and concerns seriously and responded to them appropriately to improve the quality of care. Outcomes were discussed and shared both with staff and with partner organisations where appropriate. There was a complaints and incidents policy which provided staff with information about handling formal and informal complaints from patients. The provider held a monthly clinical quality group during which a summary of complaints, incidents and concerns were discussed to share learning and the relevant actions taken. Information for patients about how to make a complaint was available in the clinic waiting areas and on the service website. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the investigation into their complaint.

We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response with learning disseminated to staff about the event. For example a complaint led to discussion about whether relatives should be included in the treatment plan for patients attending the memory assessment service. Another complaint from a patient about staff entering the room to access medicines during their consultation prompted the removal of medicines from the clinic room altogether.

The service also had a policy of recording and discussing plaudits. The memory assessment service had received five plaudits during January 2018 which included the positive and welcoming attitude of staff and a letter of thanks from a patient's relative.

# Are services well-led?

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

## Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

### **Leadership capacity and capability;**

The provider was part of a parent organisation which had an extensive governance and management systems. This provided a range of reporting mechanisms and quality assurance checks to ensure appropriate and high quality care.

The provider operated as a not for profit service for which employees, as well as GPs, practice managers, and nurses in partner organisations, were invited to become shareholders. The provider told us this was to help build strong partner relationships, to engage staff and to help connect with the purpose of creating more possibilities for care in every moment.

There was a clear leadership structure in place and staff felt well supported by management. Staff told us management were approachable and always took the time to listen to them. They told us they felt this was a “fantastic” place to work. They felt well supported by managers who cared for their welfare. They told us they received appropriate training for their roles and responsibilities.

### **Vision and strategy**

The provider had a clear vision to provide a high quality responsive service that put caring and patient safety at its heart. There was a clear vision and set of values. The provider 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.

### **Culture**

The culture of the service actively encouraged candour, openness and honesty. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process. The musculoskeletal service had a ‘Culture Club’ that represented a cross-section of staff who met to discuss ways of embedding the service values. The provider had a whistleblowing policy in place and staff had been provided with training in whistleblowing.

There was a strong focus on staff wellbeing with a wellbeing room available to staff in the head office. Staff told us they used this regularly to attend meditation and mindfulness classes, to pray or just to sit or lie on the floor and relax after more challenging aspects of their work. The room was decorated with relaxing murals and there was an adjoining coffee area which we saw staff use during break times. Staff told us that they felt the provider was particularly invested in staff wellbeing.

There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received an appraisal in the last year. Staff told us the organisation supported them to maintain their clinical professional development through training and mentoring. The management of the service was focused on achieving high standards of clinical excellence and provided daily supervision with peer review and support for staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The organisation encouraged a culture of openness and honesty and had a policy to audit incidents requiring Duty of Candour every 12 months. The clinic had systems in place for knowing about notifiable safety incidents.

### **Governance arrangements**

The provider had strong systems in place to manage governance which was integrated to reflect the different clinical services and partnership organisations involved with the service. There were clear responsibilities, roles and systems of accountability to support good governance and management. The structures, policies, processes and systems were clearly set out, understood and effective and the leadership assured themselves they were operating as intended. The service had a number of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE). Systems were in place for monitoring the quality of the service and making improvements. This included having a system of key performance indicators, carrying out regular audits, carrying out risk assessments and quality checks and

# Are services well-led?

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

actively seeking feedback from patients. A range of meetings were held including clinical meetings and systems were in place to monitor and support staff at all levels.

## **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. Risk assessments we viewed were comprehensive and had been reviewed. There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service. For example there was a monthly quality and safety review with managers from all services. The provider had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints. There was clear evidence of action to change practice to improve quality.

## **Appropriate and accurate information**

The provider acted on appropriate and accurate information. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Meetings were held where issues such as safeguarding, significant events and complaints were discussed. Outcomes and learning from the meetings were cascaded to staff.

A programme of audits ensured the clinic regularly monitored the quality of care and treatment provided and made any changes necessary as a result. We reviewed seven audits including an audit to assess the efficacy of a certain treatment for patients with hand and wrist pain and an audit of patients referred to the Memory Assessment Service who also had abnormal imaging results.

## **Engagement with patients, the public, staff and external partners**

Patient representatives were directly involved in the operational aspects of the service and feedback was invited regularly. On the day of inspection we met with two patient representatives who told us they were involved in innovation and projects for the service. For example, involvement with an application to measure symptoms of a

specific musculoskeletal diagnosis for use mobile devices. They also met regularly with the patient director and were involved in quality audits with a view to help clinical staff to see the service from a patient's viewpoint.

The service encouraged and valued feedback from patients, the public and staff. For example the musculoskeletal service received feedback from 27% of patients using the service in 2017 which was much higher than the target of 10%.

The memory assessment service published a monthly newsletter which was sent by email and accessible to both patients and staff.

There were musculoskeletal service clinical champions who gave support to clinician colleagues and helped them to embed new skills, using reflective practice and action learning sets.

Shareholders of the service, which included Head Quarters staff, staff from partner organisations who work within the services and GPs, nurses and practice managers from local GP practices, were invited to attend the Annual General Meeting, vote on new resolutions and test new ideas for the service.

The service held an annual conference for all staff and patient representatives.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation. There was a strong focus on continuous learning and improvement at all levels within the service. The organisation made use of internal reviews of audits, incidents and complaints and consistently sought ways to improve the service. Staff were encouraged to identify opportunities to improve the service delivered through team meetings, appraisals and open discussions. For example there was a project to investigate the value of a brace clinic for patients referred to the musculoskeletal service which included a clear proposed patient pathway. Another project investigated the efficacy of increasing the number of patients self referring to the service with the introduction of a GP facilitated self referral service.

The provider was proud to be the 2017 winner of a national social enterprise award.