

# West Kent Primary Care Covid Virtual Ward

## Inspection report

Hospice in the Weald  
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Date of inspection visit: 3 May 2022  
Date of publication: 30/05/2022

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 to people's needs? |  | 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 West Kent Primary Care Covid Virtual Ward on 3 May 2022. The service was newly registered with CQC on 18 May 2022 and this inspection was undertaken to provide a rating for this service.

West Kent Primary Care Covid Virtual Ward is a federation of doctor-led services, contracted by the local clinical commissioning group (CCG) to provide remote (virtual) initial assessment and ongoing case management (if required) of patients diagnosed with long-term Covid.

The Chief Executive Officer is the registered manager. A registered manager is a person who is registered with CQC 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.

The service is registered with CQC to provide the following regulated activities: Treatment of disease, disorder or injury and Diagnosis and screening.

## **Our key findings were:**

- Policies and procedures were comprehensive, up to date and relevant to the service.
- All staff had the appropriate level of training for safeguarding adults and children, relevant to their role and staff training in other mandatory subjects was effective.
- Consent was recorded appropriately for each contact with the patient.
- Patient feedback was positive about their care experience.
- The service was supportive of patients' needs and patients were able to access the service.
- There was clear leadership and leaders had the capacity and skills to deliver high-quality, sustainable care.
- The provider had effective processes for planning of the future leadership and workforce of the service.
- Governance arrangements were implemented effectively.

**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 who was supported remotely by a member of the CQC medicines team.

## Background to West Kent Primary Care Covid Virtual Ward

The Registered Provider is West Kent Primary Care Community Interest Company. Services are provided from:

- Hospice in the Weald, Maidstone Road, Pembury, Tunbridge Wells, Kent, TN2 4TA.

Services are provided by two GP's, as well as eight nurses and an administration team.

Patients with a diagnosis of long-term Covid who still have symptoms after four to 12 weeks after a positive test, can be referred by their own GP to the Covid assessment/case management service. There is a tailored assessment framework in use. Pre-referral checks/tests must be completed by the GP or secondary care, before referrals to the service can be made. For example, Covid test results, blood tests, chest x-rays, frailty assessments, fitness to work assessments, cardiac risks/ and *electrocardiogram* (ECG). After the referral is received, the patient submits a questionnaire, which is then triaged. An assessment (either by video or telephone consultation) is then completed with the patient. Services are provided to patients aged 18 years or over. Where appropriate, patients are then discussed at twice weekly multi-disciplinary team (MDT) meetings, the outcome of which will be onward referral to an appropriate healthcare professional. For example, ear, nose and throat (ENT), neurology, cardiac, outpatients, respiratory specialists or for pulmonary rehab. Some patients may also be discharged back to their own GP, via an app called 'Your Covid Recovery'. (An app is an application, downloaded by a user to a mobile device).

Opening times are Monday to Friday, 9am to 5pm, with some flexibility for patients who work during these hours (up to 6pm upon prior arrangement). The service does not provide emergency telephone support out of hours and has a referral arrangement with the patient's own GP service should additional support be required.

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews.
- Requesting evidence from the provider.
- A short site visit to 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?

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

# Are services safe?

## Safety systems and processes

### The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. As well as from the agency, if using locums/agency staff (all verified before commencing work for the service). Staff files we viewed confirmed this.
- Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was no system to manage infection prevention and control due to the services being remotely (virtually) provided.
- The provider ensured that facilities and equipment used by staff, either in the office base or from their own home, were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate office and working from home environmental and health and safety risk assessments.

## Risks to patients

### There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for locum staff tailored to their role.
- 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 medical emergencies. For example, cardiac/respiratory conditions identified on test results or detected during video or telephone consultations. The provider had systems to ensure the location of the patient at the beginning of the consultation was known.
- No medicines or medical emergency equipment were required, due to services being provided remotely.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate systems and processes to check that business and professional indemnity were in effect and up to date.

## 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 written and managed in a way that kept patients safe. The care records we saw, showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Where information from the initial referring is lacking, nurses requested additional information from the referring GP before the patient is discussed at MDT meetings.

# Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate 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, where patients were unable to access face to face appointments with their own GP (in relation to their assessment or case management). The provider had created a system to follow these concerns up with the referring GP to ensure appointments were arranged.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism to disseminate alerts to all members of the team including agency/locum staff.

# Are services effective?

## 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 (relevant to their service).**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to inform the multi-disciplinary team (MDT) of the patients ongoing case management.
- We saw no evidence of discrimination when making care and treatment decisions.
- There were arrangements to deal with repeat patients. For example, patients that may be referred back to the service after a relapse in their condition.
- The service used technology and equipment to improve treatment and to support patients' independence. For example, the use of telephone and video consultations for assessments, as well as the Your Covid Recovery app (for nurse/patient correspondence).

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service had learned from interventions. For example, with the low uptake for the Your Covid Recovery app. Despite information being sent to patients, an audit highlighted that many patients had not signed up. A telephone follow-up call, ascertained these patients needed additional assistance and support to be able to access the app. Once this assistance/support had been provided, these patients were better able to use the app for their ongoing treatment plan/case management.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, routine reviews of records to ensure they contained all relevant information and a clear audit trail of all referrals made to the MDT or secondary care providers; as well as making changes to systems and processes, to ensure any issues could be more clearly identified.
- There was clear evidence of action to resolve concerns and improve quality.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and/or the Nursing and Midwifery Council, as well as being up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- Staff were encouraged and given opportunities to develop. Staff could be funded to undertake additional training. For example, all pharmacists and technicians were enrolled on the centre for post-graduation education course and were granted 28 days study leave over 18 months; a physiotherapist and paramedic are on the health education England roadmap for First Contact practitioners and an administrator was undertaking Level 5 chartered institute of personnel and development course, to support their role within human resources.

# Are services effective?

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, during MDT meetings. There were clear pathways to follow and the provider understood the different systems to follow depending on the area from which the initial referring GP, was located within Kent and Medway.
- Before providing case management services, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where they were not suitable to receive the service. For example, patients aged 17 years of age; who were unable to access children services but were too young to be provided with adult services. In instances such as this, we saw that these patients were placed on a waiting list until they turned 18 years old.
- All patients were asked for consent to share details of their assessment and case management, with their registered GP on each occasion they used the service.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services as part of the MDT approach to individual case management.
- Patient information was shared appropriately (this included when patients moved to other professional services). The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. However, this was dependent on where in Kent and Medway the patient was located and the specific criteria for onward referrals in that area. For example, where the patients' GP referred to secondary care consultants to request and access tests or screening, rather than by direct referral to the appropriate department (x-ray, scanning, outpatients).
- There were clear and effective arrangements for following up on people who had been referred to other services.

## Supporting 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, lifestyle changes, smoking cessation.
- Where patients needs could not be met by the service, staff redirected them to their own GP.

## Consent to care and treatment

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they checked that patients had been assessed and the outcome recorded as to a patient's mental capacity to make a decision (before being referred to the service for assessment and case management).
- Through routine record reviews and audits, the service monitored the process for seeking consent appropriately.

# Are services caring?

## Kindness, respect and compassion

### Staff treated patients with kindness, respect and compassion.

- We saw from patients surveys that the service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Where feedback included information about services could be improved this was acted upon. For example, a recent patient survey highlighted that patients would like support with their well-being. As a result of this, the provider was researching ways to provide this, either on their website or through the Your Covid Recovery application.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## Involvement in decisions about care and treatment

### Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- The service had access to information leaflets in languages other than English, as well as in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were identified and appropriately involved as part of the MDT approach to on-going case management.
- Staff communicated with people in a way that they could understand. For example, communication aids and easy read materials were available.

## Privacy and Dignity

### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them an alternative means to discuss their needs. For example, telephone or video consultations at a time to suit the patient's individual circumstances.



# Are services responsive to people's needs?

## Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, extended call times for working age patients.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, identifying carers and seeking permission to speak with people acting on the patient's behalf.

## Timely access to the service

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

- Patients had timely access to initial assessment.
- Waiting times, delays and cancellations were minimal and managed appropriately. For example, if test results had not been received before the patients next booked appointment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. However, onward referrals for test and treatment were varied across Kent and Medway, according to the specific criteria for onward referrals in that area. The provider was in discussion with commissioning bodies in relation to this, to ensure patients understood the criteria for their location.

## 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.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had comprehensive complaint policies and procedures.
- The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, when patients were referred for further tests and there had been a delay in receiving appointments and/or results from these. The investigation into the complaint resulted in the process for handling results from patients being revised, in order to prevent missing results leading to delays in patient care.

# Are services well-led?

## Leadership capacity and capability;

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

- Leaders 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.

## 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.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- 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 to ensure compliance with the requirements of the duty of candour.
- Staff told us they could 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, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

# Are services well-led?

- 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.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that 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 service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans and had trained staff for major incidents.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. For example, through meetings with the board and the MDT, as well as patient and staff surveys.
- Staff could describe to us the systems to give feedback. For example, through staff surveys, during appraisals and supervision sessions. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

# Are services well-led?

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, networking with other service providers across England, providing care and treatment to patients with long-term Covid and adapting their systems and processes according to themes identified.
- There were plans to develop the services offered in assessment and case management, to other health conditions. Discussions around this were being held with commissioning bodies at the time of our inspection.
- There was ongoing support of staff's professional development.