Local Care Direct Limited

Sheridan Teal House

Inspection report

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Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

We carried out a comprehensive inspection visit on 3 and 4 March 2015 and the overall rating for the practice was good. The inspection team found after analysing all of the evidence the practice was safe, effective, caring, responsive and well led.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- The service was responsive and ensured patients received accessible, individual care, whilst respecting their needs and wishes.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice including:

- Every clinician working in urgent care had three of their cases audited each month by the Clinical Governance lead and a team of six GPs. This information was used by the clinical staff as evidence of their out of hours work when they had their revalidation.
- The service had a flexible transport system. For example, wherever possible the call handlers arranged and the service provided free transport for patients who had insufficient monies to use public transport.
- The service was working 75% above their service contract in meeting patients' needs and although this had an effect on the waiting time to see a clinician, there was a system in place to alleviate this.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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?

Good

The service is rated as good for safe. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There were standard operating procedures and local procedures in place to ensure any risks to patient's health and well-being was minimised and managed appropriately. The practice learned from incidents and took action to prevent recurrence. Medicines were stored and managed safely.

Are services effective?

Good

The service is rated as good for providing effective services. Patients' received care and treatment in line with recognised best practice guidelines such as the National Institute for Health and Care Excellence. This included assessing capacity and promoting good health. Their needs were consistently met and referrals to secondary care were made in a timely manner. There was an effective system to ensure patient information was promptly shared with their individual GP to ensure continuity of care.

Staff had received training appropriate to their roles and arrangements in place to support clinicians with their continuing professional development. The service worked with other healthcare professionals to share information, to promote better health outcomes for patients.

Are services caring?

Good

The service is rated as good for providing caring services. Patients we spoke with during our inspection, gave positive feedback about the service. They told us they were treated with dignity and respect and they were involved in care and treatment decisions. We saw staff treated patients with kindness and respect, and maintained their confidentiality wherever possible. However at the Huddersfield Royal Infirmary (HRI) site where the service used the premises owned by the hospital, voices could at times be heard outside of the patient consulting area. The Out of Hours service was aware of this and was looking at ways to address the situation.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services. Services had been reviewed and planned so they met the needs of its local population. They engaged with their local Clinical Commissioning Groups (CCG) to secure improvements to services, where these were identified. All of the centres had consulting rooms where patients could access an appointment with a GP. The facilities were equipped to treat patients and meet their needs. There was an accessible complaints procedure, with evidence demonstrating the service made every effort to address any concerns raised with them. Staff knew the procedure to follow should someone want to complain.

Are services well-led?

Good

The service is rated as good for being well-led. They had a clear vision which was shared by staff. There was an effective governance framework in place, which focused on the delivery of high quality care. There was rigorous monitoring of performance to ensure patients received safe and effective care. Staff received regular updates and training to assist them to carry out their roles effectively. The senior management team met with representatives of the Clinical Commissioning Groups (CCGs) regularly to discuss performance and capacity.

Sheridan Teal House

Detailed findings

Background to this inspection

Sheridan Teal House is the headquarters of Local Care Direct, which is a social enterprise and owned by the community members. More than two million people across West and North Yorkshire are served by the provider with more than 300,000 patient contacts each year.

The main service provided at SheridanTeal House is the delivery of urgent care. Once a need for clinical intervention is identified by the national NHS out of hours 111 service staff at Sheridan Teal House operate a triage model, where all patients receive a clinical telephone assessment. They either book the person in to one of the Primary Care Centres to see a clinician, arrange a doctor to visit the person at home, or arrange a doctor to provide a telephone consultation. This prevents unnecessary journeys for patients and enables appropriate coordination of home visits and appointments according to clinical urgency and demand.

There are twelve satellite sites operating from the main location and we inspected two of these in addition to the main site; Lexicon House (in Leeds) and Huddersfield Royal Infirmary (HRI). Lexicon House, Trinity and Bradford Royal Infirmary (BRI) sites were open for patient appointments between 6.30 pm to 8 am Monday to Friday, and on a weekend were open from 6.30 pm Friday to 8 am Monday. All other sites closed at 11 pm; and Sheridan Teal House site was open from 11 pm to 8 am as a Primary Care Centre (and open 24 hours as a contact centre).

There is a stable clinical staff team who regularly work for the service. The service employs a number of both male and female GPs, advanced nurse practitioners and nurses from the local community. The clinicians are supported by administration staff, call handlers, receptionists, drivers and a management team who are responsible for the day to day running of the service.

Good

Are services safe?

Our findings

Safe track record:
We previously inspected this service in May 2013, and we did not identify any safety concerns relating to how the service operated.

At this inspection all staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. We saw the service used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients.

We saw records were kept of significant events and incidents. We reviewed a sample of the reports completed by staff during the previous 12 months, and the minutes of meetings where these were discussed. The records showed the service had managed such events consistently and appropriately during the period concerned and this provided evidence of a safe track record for the service.

Learning and improvement from safety incidents:
The service was open and transparent when there were near misses or when things went wrong. There was a comprehensive system in place for reporting, recording and monitoring significant events, incidents and accidents.

We saw records of significant events that had occurred during the past year. The records showed details of each event, steps taken, action required, learning outcomes and action points were recorded. We also saw significant events was a standing agenda item on the monthly Clinical Quality Improvement group meeting and information was disseminated to relevant staff. This was done through shared learning, emails and clinical bulletins. Staff we spoke with during our visit was able to give an example of a significant event, and the learning taken place where appropriate. For example, the clinical bulletin dated November 2014 showed there had been a serious incident relating to sepsis. The information informed staff the National Institute for Clinical Excellence (NICE) were bringing out new guidance relating to this area, however these were not due for release until July 2016. In the interim staff had been asked to use a 'Toolkit' which had been developed and used for management of sepsis in primary care.

Staff told us they were made aware and kept up to date with any safety alerts and information relating to new guidance. (These are alerts which inform the service of problems with equipment or medicines or give guidance on clinical practice.) We saw these were distributed in the monthly clinical staff bulletin by the Clinical Governance lead.

Reliable safety systems and processes including safeguarding:
The service had a safeguarding lead and staff were aware who this person was. There were systems in place to manage and review risks to vulnerable children, young people and adults. Safeguarding policies and procedures were in place and available to staff through the computerised system.

All staff we spoke with had a good knowledge and understanding of the safeguarding procedures and what action should be taken if abuse was witnessed or suspected. The training matrix showed all staff had received training relevant to their role, including safeguarding vulnerable adults and children training and on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS). For example, clinicians had received safeguarding level three training, which is the recommended level of training for GPs and clinicians, including paramedics. In addition the Associate Director of HR and training told us several key staff, including those staff in the Clinical Governance and HR department, had completed level four training. We asked members of medical, nursing and administrative staff about their most recent training. They knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities. They knew how to contact the relevant agencies and we were told contact details were easy to access.

There was a chaperone policy and we saw information referring to the use of a chaperone during consultations and examinations. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.)

A whistleblowing policy was in place. Staff we spoke with were able to explain how and to whom they would report any such concerns. They were all confident if they had a concern it would be acted upon.

Good

Are services safe?

Medicines management:
There was an identified clinical lead responsible for the management of medicines. We saw staff were kept informed of any updates via a medicines update circular. There was a medicines management and prescribing policy. Medicines were prescribed, administered and stored in line with current national guidance; this included emergency medicines. Staff we spoke with were aware of the accessibility of emergency drugs and the action they should take in an emergency situation. We checked the process of transporting emergency medicines and equipment to patients' homes when they received a home visit. An auditing process was used to ensure the cars were equipped with emergency medicines and equipment. These audits were clear and all items were accounted for.

The service held stocks of controlled drugs at the headquarters site (controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the staff. For example, they were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for booking them in and out of the service, and for the safe destruction of controlled drugs.

Processes were in place to check medicines were within their expiry date and suitable for use, and blank prescription forms were securely stored.

Cleanliness and infection control:
The service had an infection prevention and control lead and the training matrix showed 99% of staff had received training. All three locations we inspected were clean, tidy and maintained. Infection control was one of the monthly items on the agenda of the Quality Improvement Group. We also saw the infection prevention and control lead updated staff on new guidance via the monthly staff bulletin. For example, guidance in relation to Ebola and should be prominently displayed and easily accessed.

We observed the premises at each site to be clean, and there were systems in place to monitor and audit the cleanliness of the buildings. Patients we spoke with told us they found the service to be clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer and these included needle stick injury, and hand washing.

There were spillage kits (these are specialist kits to clear any spillages of blood or other bodily fluid) located at each of the sites.

We saw there were arrangements in place for the safe disposal of clinical waste, including sharps, such as needles and blades. We looked at some of the clinical waste and sharps bins located in the consultation rooms across the sites. All were signed and dated as required.

Equipment:
Staff had access to appropriate equipment to safely meet patients' needs. This included oxygen, and defibrillators (used to attempt to restart a person's heart in an emergency). We looked at a sample of medical and electrical equipment. We saw regular checks took place to ensure the equipment was in working order. We saw evidence of calibration of relevant equipment; for example, blood pressure monitoring equipment.

The vehicles were regularly serviced and checks on the condition of the cars were carried out by the drivers at the start and end of each shift. We saw documents confirming these checks and services had been carried out. Staff also told us that during adverse weather conditions they had access to a 4 x 4 vehicle to enable staff to travel to see patient and maintain the service.

Staffing and recruitment:
We saw the service had an up to date recruitment policy which detailed the process for appointing new staff. We looked at a sample of personnel files. We found the appropriate recruitment checks had been completed. For instance, written references had been obtained from previous employers, and employment history information had been provided.

All clinical staff had a Disclosure and Barring Service (DBS) checks, in line with the recruitment policy. All of the GPs had undergone DBS checks as part of their application to be included on the National Medical Performers' List. All performers are required to register for the online DBS update service which enables NHS England to carry out status checks..

We spoke with the Associate Director of HR and training. They confirmed checks were carried out on the GPs

Good

Are services safe?

employed by the service to make sure they continued to be registered to practice with the General Medical Council (GMC). They told us they regularly checked staff's registration status and this included nurses. Regular checks were also carried out on clinician's professional indemnity insurance to ensure it was in place and covered the GPs for working in the out-of-hours service.

We were told the GPs working within the service were mainly practising GPs from the local area. This meant patients were seen by experienced GPs who were familiar with the local health and social care services. Clinicians working at the three locations we inspected were able to seek support from senior staff at all times. The computer systems were linked to the headquarters and a team leader was on duty to ensure the smooth running of the shift.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The service had a dedicated clinical rota member of staff who had worked there for over ten years. We saw the staffing rota for the week had been filled and included the weekend, and the rotas for the successive weeks were currently being populated. For example, the following week Lexicon House in Leeds had 74 confirmed clinicians available to work, out of a possible 92. We were told rotas were published three months in advance, and when cancellations occurred or staff had annual leave; these were covered by the regular staff. There was a contingency plan in place regarding insufficient staffing, and the clinical rota member of staff was supported by the management team.

There was a rota system in place for all the different staffing groups to ensure there were enough staff on duty. A forecast model was used to assess the number of staff required, this took into account the number and type of calls made during previous similar time periods.

Monitoring safety and responding to risk:
The service had developed clear lines of accountability for all aspects of patient care and treatment. There were designated leads for areas such as safeguarding and infection control. Each clinical lead had systems for monitoring their areas of responsibility, including routine checks to ensure staff were using the latest guidance and protocols.

The service had risk management systems in place, including a risk register which identified the risk and actions and timescales to address situations.

The service had arrangements in place for reporting and reviewing any significant events which occurred. There was a policy and procedure in place which was readily available and staff we spoke with were aware of the procedures to follow and action to take.

There were systems in place to manage and monitor health and safety; there was an up to date policy and procedures. The training matrix for December 2014 showed 100% of staff had received health and safety training. Staff spoken with confirmed they had received the training and knew how to access the policy and procedures.

Arrangements to deal with emergencies and major incidents:
The service had arrangements in place to manage emergencies. Staff confirmed they received annual basic life support training and the training matrix for December 2014 showed 97.15% of staff had received the training.

Emergency medicines and equipment was available at each location and included oxygen and a defibrillator. All staff knew the location of this equipment.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the service, such as power cuts and adverse weather conditions. Risks were identified and mitigating actions recorded to reduce and manage the risk. For example, the service had an arrangement with their partners the West Yorkshire 4 X 4 team who provided transport in the event of extreme weather, so staff could still visit patients in remote or hard to reach areas.

All fire equipment was tested and maintained in line with manufacturers' guidelines. Fire alarms tests and checks were carried out weekly at each of the locations, and staff knew what to do in the event of an emergency evacuation.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment:
Care and treatment was delivered in line with recognised best practice standards and guidelines. Clinicians (GPs and nurses) demonstrated an up to date knowledge of clinical guidelines for caring for patients. There was a strong emphasis on keeping up to date with clinical guidelines; this included published guidance by professional and expert bodies. The service undertook regular reviews of clinicians' calls and any referrals to other services to ensure current guidance was being followed.

All clinicians we interviewed were able to describe and demonstrate how they accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local health commissioners. New guidelines and the implications for the service's performance and patients were discussed at the monthly clinical management team meetings. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. We found from our discussions with staff, including GPs, staff completed thorough assessments of patients' needs in line with NICE guidelines.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed the culture in the service was patients were cared for and treated based on need. The service took account of patient's age, gender, race and culture as appropriate in this decision-making.

Management, monitoring and improving outcomes for people:
We found there were mechanisms in place to monitor the performance of the service and the clinician's adherence with best practice to improve outcomes for people. Audits of clinical and non-clinical practice took place throughout the year. The Clinical Governance lead told us every clinician working in urgent care had three of their cases audited each month by them and a team of six GPs. We also saw reference to this in a staff bulletin.

Audits covered areas including call handling, response times, prescribing, use of controlled drugs, health and safety and infection control. We saw the service also carried out overview audit reports and we looked at one dated March 2014 – 2015. The information included the service aims, objectives and timeframes, and one of the areas looked at was 'Assure appropriate prescribing of medications.' We saw the objective and action taken had been identified to ensure appropriate prescribing was based upon current guidance and the patients' clinical presentation. The action included sending out clinical alerts to all clinicians and making them aware of drug interactions. The timeframe/priority had been recorded as immediate and included a review date. The results of the audits were reported back to the management team meetings.

There was a system in place for completing clinical audit cycles, which generally led to improvements in clinical care. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings.

We saw an audit had taken place on all patients that had an x-ray undertaken in one week, at the Leeds Minor Injuries Unit in February 2014. Where possible any discrepancies were identified between the reports where there was a bone injury. (For example, an injury to a foot initially was reported as 'no bone injury' and then later reported by the radiologist as an injury.) This amounted to 6 cases (0.66%) out of 906 x-rays. Although staff had relevant training, as a result of the audit the nurse practitioners, reporting Radiographers, Radiographer Practitioners (RP) now have joint training and review sessions; relating to the review of unusual x-rays and cases where discrepancies were identified.

The second cycle of the audit was undertaken over a week in February 2015. The recommendations made at the last audit were in place, it had included expert opinion and the same measurable criteria were used. Seven cases (1.0%) out of 698 x-rays were identified. Although the audit did not show an improved result from the first audit, the cycle did support general improvements in staff awareness and knowledge.

The service used data from the National Quality Requirements (NQRs) for out-of-hours services to compare outcomes for patients. NQR performance reports were prepared and shared with relevant stakeholders.

Effective staffing:
Service staffing included medical, managerial, administrative staff and drivers. We reviewed the staff training matrix and records. We saw all staff were kept up to date attending mandatory courses such as fire. The

Good

Are services effective?

(for example, treatment is effective)

continuing development of staff skills and competence was recognised as essential in providing high quality, safe care. Role specific training was provided, and monthly training sessions were available for all staff. The service provided staff with training in equality and diversity, customer care and conflict resolution. Staff told us they were proactively supported to acquire new skills and share best practice, and were able to request further training where relevant to their roles.

We were told locum GPs were employed on a 'fit for purpose' basis through an agency; this meant they were expected to be trained by the agency before working in the service.

GPs we spoke with were up to date with their annual continuing professional development requirements and all either had been revalidated or had a date for revalidation (in order to be eligible for revalidation all GPs must take part in annual appraisal over a five year period and satisfy the criteria set by the General Medical Council (GMC)). Only when the GMC had agreed these criteria had been satisfied was a doctor revalidated and their licence to practice renewed. (GPs who had a valid licence to practice can remain on the Performers List held by NHS England).

The nurses who worked at the service were registered with the Nursing and Midwifery Council (NMC). To maintain their registration they must undertake regular training and updating of their skills. We saw evidence the nurses were up to date with their registration and therefore able to continue to practise in the roles for which they were employed.

Staff told us they had one to one meetings with their line manager and had annual appraisals where they identified their learning needs. The service had procedures in place to help ensure all staff kept up to date with both mandatory and non-mandatory training. Staff confirmed they received annual appraisals and training specific to their roles and this included any updates.

Working with colleagues and other services:
The service worked closely with other health and social care providers, to co-ordinate care and meet people's needs.

The out-of-hours cover included supporting local GP practices during times when they were closed for staff training or development. Comments received by the service with regards to the services provided to GP practices, reflected a flexible responsive service.

Staff across the service had established links with social workers and local mental health teams to enable them to fully address the needs of patients.

There were information sharing agreements with key partners in the delivery of out of hours services. For example, Yorkshire Ambulance Service (YAS). They were also involved in the West Yorkshire Palliative care network and had care pathways in place for patients receiving palliative care. There was an on-call palliative care physician who was available and contactable through the hospice.

Information sharing:
An electronic patient record was used by all staff to coordinate, document and manage patients' care. This software enabled information about patients to be shared with their own GP and health care professionals where appropriate. We saw information was shared promptly to enable continuity of care and complying with the Data Protection Act 1998.

Consent to care and treatment:
We found the clinicians understood the purpose of the Mental Capacity Act (2005) and the Children Act 1989 and 2004. The training matrix also showed in December 2014, 93.91% of staff had received training on the MCA. All staff we spoke with understood the principles of gaining consent including issues relating to capacity.

They also spoke with confidence about Gillick competency assessments of children and young people. These were used to check whether these patients had the maturity to make decisions about their treatment.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy:
The service had signed up to become a Dementia Friendly organisation and part of the Dementia Action Alliance, which is an organisation committed to transforming the lives of patients with dementia and their carers. Staff told us they were committed to try to ensure a positive service for these patients. It would involve providing training for staff to raise awareness of dementia and make the environment dementia friendly. We saw the February 2015, Operational Bulletin informing all staff of the changes which would take place over the next few months and advising them training would be organised soon.

We spoke with four patients during our inspection, including families with young children. They all gave positive feedback about the service and told us they were happy with the care they received. A patient visiting Lexicon House in Leeds told us they had received a good service when telephoning for an appointment and they were seen in a timely way, locally to them.

Staff were familiar with the steps they needed to take to protect people's dignity. Consultations took place in rooms which maintained patients' privacy and dignity. Patients visiting the service told us they were treated with kindness, dignity, and respect. We saw all staff treated people with respect and ensured conversations were conducted in a confidential manner, wherever possible. However at the Huddersfield Royal Infirmary (HRI) site where the service used the premises owned by HRI, voices could at times be heard outside of the patient consulting area. The Out of Hours service was aware of this and they were looking at ways to address the situation.

Care planning and involvement in decisions about care and treatment:
Patients told us they felt they had been involved in decisions about their care and treatment. They said the clinical staff gave them time to ask questions and responded in a way they could understand. They were satisfied with the level of information they had been given.

Male and female GPs were available wherever possible and patients were offered a choice of locations to attend. GPs described how they recorded a summary of their consultation with the patient. This included past medical history and details of current medication being taken. They involved patients in the decisions about the next steps and discussed any relevant treatment options with them.

Patient/carer support to cope emotionally with care and treatment:
The patients we spoke with during our inspection told us staff responded compassionately to their needs and provided support.

We saw the services contained bereavement literature for carers and families with contact details for other support organisations. GPs could also access information relating to other services on their computer system and from their laptop computers when visiting patients in the community. Information included availability and opening hours of local pharmacies.

We were told the service had a flexible transport system. For example, wherever possible the call handlers arranged and the service provided free transport for patients who had insufficient monies to use public transport.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs:
We found the service was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the population were understood and systems were in place to address identified needs in the way services were delivered. Patients we spoke with said they felt the service met their needs. For example, patients could either receive a telephone call back from a clinician, be visited at their home or were offered an appointment with a GP at a local centre of their choice.

The service worked with local Clinical Commissioning Groups (CCGs) in providing services to meet patients' needs. Feedback from the contracting leads of these groups, were positive. In one of the CCG areas the patient activity was reported to be above their service contract. Although this had an effect on the waiting times to see a clinician, there was a system in place to alleviate this.

Tackling inequity and promoting equality:
Staff training records showed in December 2014, 99% of its staff had received equality and diversity training. Staff told us they respected patient's wishes and treated them as individuals when meeting their needs.

Each location inspected was accessible to patients with mobility difficulties, and this included the consultation rooms and patient toilets.

Patients had access to translation services when needed and staff were aware how to access these services.

Through engagement events the service met with patient from diverse groups. These included Age UK, Inclusion North (Learning disabilities), and Muslim communities. By doing so the service gathered valuable information on the needs of individuals and helped them to look at and meet individual access and care needs.

Access to the service:
The main service provided at Sheridan Teal House was the delivery of urgent care. All patients contacted the national NHS 111 service to access the out of hours service and were assessed before an appointment offered. Agreed protocols were followed by the 111 service; patients could be booked into one of the Primary Care Centres to see a clinician, arrangements made for a GP to visit the patient at home, or following transfer to Local Care Direct an ongoing GP telephone assessment took place. We were told this prevented unnecessary journeys for patients and enabled appropriate coordination of home visits and appointments according to clinical urgency and demand.

There were twelve satellite sites operating from the main location and we inspected two of these in addition to the main site; Lexicon House (in Leeds) and HRI. Lexicon House, Trinity and BRI sites were open for patient appointments between 6.30 pm to 8 am Monday to Friday, and on a weekend were open from 6.30 pm Friday to 8 am Monday. All other sites closed at 11 pm; and Sheridan Teal House was open from 11 pm to 8 am as a Primary Care Centre (and open 24 hours as a contact centre).

At busy times extra staff were employed to help manage the queues of patients waiting, particularly on Saturdays. Triage nurses provided continual telephone re-assessments to assure those most in need were seen appropriately. In addition the call handlers would offer 'comfort calls' to assure potential patients that they were still in the system. This reassured patients and provided an extra monitoring if patients' conditions should change before being allocated to a clinician.

Listening and learning from concerns and complaints:
The service had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and they had designated staff who handled complaints in the service.

None of the patients we spoke with during the inspection said they felt the need to complain or raise concerns with the service.

Staff we spoke with were aware of the complaints policy and the procedure to follow should someone wish to complain.

Complaints received had been reviewed. Where mistakes had been made, the service had responded appropriately and taken action to try to ensure they were not repeated. Complaints and lessons learned were discussed at staff meetings and we saw evidence of this in the sample of notes of Clinical Quality Improvement group minutes we inspected. During our visit we listened to recorded feedback of a complaint and reviewed the documentation relating to this. The service had appropriately responded to the complainant, following their policy and an apology had been given.

Are services well-led?

Good

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

Our findings

Vision and strategy:
There was an established management structure within the service. The GP, nurses and staff were clear about their roles and responsibilities and the vision of the service. They were committed to the delivery of a high standard of service and individualised patient care. These included providing care closer to home and living well longer using their specialist skills and knowledge such as tele-health and urgent care.

Governance arrangements:
The service had a well-established governance framework. There were a number of policies and procedures in place to govern activity. All of the policies and procedures we looked at had been reviewed and were up-to-date. We also saw staff had access to policies and procedures and kept up to date with any changes through staff bulletins. For example, the Operational Bulletin dated 3 February 2015 informed staff of policy changes relating to performance management, prevention of bullying and harassment at work, and family friendly policies e.g. maternity, paternal leave.

There was a management team in place to oversee the service. They held regular governance meetings where matters such as performance, quality and risks were discussed. There were arrangements in place for on-going reviews of all functions. This included a 'telephone triage review', where calls by doctors to patients were randomly selected for review. Results and any learning points were then shared with the staff.

Leadership, openness and transparency:
The service had a clear leadership structure designed to support transparency and openness. There was a well-established management team with clear allocation of responsibilities. We spoke with staff from different teams; they were all clear about their own roles and responsibilities. They all told us they felt valued, and knew who to go to in the service with any concerns.

We saw and were told the Chief Executive of the service kept staff informed about the service through a weekly bulletin. The majority of staff we spoke with told us the service was well led. We saw there was a strong leadership within the service and the managers were visible and accessible. Managers had a good understanding and were sensitive to, the issues which affected patients and staff.

Records showed that regular meetings took place and staff told us their managers were very supportive, and they were also supported to develop and extend their roles.

We found the service learned from incidents and near misses. Significant events meetings were held where such issues were discussed. Lessons learned from these discussions were shared with the relevant staff.

Service seeks and acts on feedback from its patients, the public and staff:
The service had arrangements to seek and act on feedback from patients and staff. We saw the service actively encouraged patients to become members of the social enterprise and make a difference in the community. This information informed patients they wanted membership from people who could contribute to their mission to improve the experience and outcomes for patients using their service. They offered individual and corporate membership and encouraged people to get in touch and have their say on healthcare in their area.

A patient survey had been undertaken by the service between 1 October and 31 December 2014. The results were positive; 85% of patients in Kirklees and 84% of patients in Leeds were extremely likely or likely to recommend the service to family and friends.

The service gathered feedback from staff through staff meetings, appraisals and informal discussions, and the staff council meeting. Staff told us they felt supported, valued and listened to.

Staff we spoke with told us felt involved and were kept up to date with information within the service. Nurses told us they had peer meeting where they shared practice and learning.

The service had a whistleblowing policy and procedure to follow. Staff were aware of the procedure and felt any concerns would be taken seriously and acted upon.

Management lead through learning and improvement:
The service had management systems in place which enabled learning and improved performance.

Are services well-led?

Good

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

The service demonstrated its strong commitment to learning by providing various opportunities; including monthly training, and bulletins reminding staff to attend training. This provided staff with dedicated time for learning and development. The staff we spoke with during the inspection all told us they felt supported in terms of training and maintaining their professional development.

The management team met monthly to discuss any significant incidents that had occurred. Reviews of significant events and other incidents had been completed and shared with staff. Staff meeting minutes showed these events and any actions taken to reduce the risk of them happening again were discussed and circulated to staff through bulletins and updates.