

# Taurus Healthcare Limited Suite 1

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this 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	

# Key findings

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## Letter from the Chief Inspector of General Practice

**This service is rated as Good overall. This service has not previously been inspected.**

The key questions are rated as:

Are services safe? Rated Good

Are services effective? Rated Good

Are services caring? Rated Good

Are services responsive? Rated Good

Are services well-led? Rated Good

We carried out an announced comprehensive inspection of Taurus Healthcare Limited on 20 February 2018 as part of our inspection programme.

At this inspection we found:

- The provider had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the provider learned from them and improved their processes.
- The effectiveness and appropriateness of the care provided was routinely reviewed to ensure that care and treatment was delivered according to evidence-based guidelines.

- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Feedback from patients about their care was consistently positive.
- There was a system for recording, actioning and tracking patient safety alerts. Alerts had been reviewed and action taken where appropriate.
- All appropriate recruitment checks had been carried out on staff prior to being employed by the service.
- The leadership, governance and culture were used to drive and improve the delivery of its service. All staff were involved in the development of the service and were proud of their achievements.
- There was a service development plan that documented both their long and short-term priorities.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Taurus Healthcare Limited Suite 1

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC lead inspector, supported by a GP specialist adviser.

## Background to Taurus Healthcare Limited Suite 1

Taurus Healthcare Limited is the provider arm of the Herefordshire GP Federation serving patients in Herefordshire. The service is registered as a location with CQC and managed from Suite 1, Berrows Business Centre, Bath Street, Hereford, HR1 2HE and the office is open from 9am to 4pm Monday to Friday. Their website provides more detailed information about their services. [www.taurushealthcare.co.uk](http://www.taurushealthcare.co.uk).

The service holds an Alternative Provider Medical Contract (APMS) with NHS England to provide extended hours services in Herefordshire. The APMS contract is a contract

between general practices and NHS England for delivering primary care services to local communities. Taurus Healthcare Limited was established in 2012 to provide out of hospital services for 185,000 patients and is run by a board of directors.

Taurus Healthcare manages three primary care hubs which offer local GP and nurse extended hours services to patients from across the county. The main hub is based at South Wye Medical Centre in Hereford which is open from 6.30pm to 8.30pm on weekdays and 8am to 8pm on weekends and bank holidays. Two other hubs are based at The Marches, located in Leominster, and Pendeen Surgery, located in Ross on Wye. These hubs are open from 8am to 12pm on weekends and bank holidays.

The hubs have been chosen to best serve the rural and geographically diverse population in Herefordshire. Patients can be seen by direct appointment arranged by the patients' own practice or through triaged referral by NHS 111 or the West Midlands Ambulance Service. Details of the appointment are made available to the patient's regular GP. We visited the main hub at South Wye Medical Centre in Hereford as part of this inspection.

# Are services safe?

## Our findings

**We rated the service as good for providing safe services.**

### Safety systems and processes

There were clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. They had safety policies, including Control of Substances Hazardous to Health and Health and Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training.
- There were systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined who to go to for further guidance.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The provider 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.
- Staff checks were carried out at the time of recruitment and on an ongoing basis where appropriate. 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).
- There was an effective system to manage infection prevention and control.
- 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 systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.

- When there were changes to services or staff assessments were carried out and the impact on safety was monitored.
- Staff understood their responsibilities to manage emergencies and to recognise those patients in need of urgent medical attention.
- They knew how to identify and manage patients with severe infections such as sepsis. Staff advised patients what to do if their conditions worsened. This was regarded as a priority area for Taurus as it was highly relevant to the extended hours hub work. Taurus had drawn up a Sepsis Action Plan and we were provided with a copy of this. They had an IT decision support tool that linked to their computer programme. Further training for reception staff, GPs and nurses was scheduled as well as improved information and guidance made available for patients. This had been shared with the Quality Group at the Clinical Commissioning Group (CCG) for other services in the county to adopt as required.
- Emergency equipment needed to enable assessment of sepsis was available to clinical staff and this was confirmed on our visit to the hub.

### 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.
- The service had systems for sharing information with staff, the patient's practice and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Safe and appropriate use of medicines

There were reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.

## Are services safe?

- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

- **Processes were in place for checking medicines and staff ensured they kept accurate records.**

### Track record on safety

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 them understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

### 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, an audit on patients records identified that an error had occurred and a full investigation had been carried out. Action had been taken to ensure that a recurrence was unlikely and that learning had been shared accordingly.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. A detailed log was maintained of all alerts received, together with details of the originator and staff with whom these alerts had been shared.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the service as good for providing effective services.**

### Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. Checks were in place to make sure staff kept up to date with relevant information.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Patients commented that clinical staff were very thorough in their assessments of their needs.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients often attended appointments at one of the hubs as the times suited their work commitments or appointments were more accessible than those of their own practice. These arrangements were facilitated by the service for patients.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

There was a comprehensive programme of quality improvement activity, which included audits. The service routinely reviewed the effectiveness and appropriateness of the care provided through these audits.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- We reviewed three audits, two of which were two-cycle audits. One audit examined controlled drug prescribing and identified that a GP was prescribing a medicine in slightly larger quantities than patients were likely to need. Action was taken to address this. The second audit was carried out on cervical cytology screening by the service nurses and to ensure that the standard of smear taking was in line with best practice guidelines.

There was an annual audit plan in which audits were scheduled to:

- Measure clinical effectiveness
- Measure safety (serious incidents, safeguarding, safety incidents, workforce numbers),
- Evaluate patient experience (Friends and Family, Complaints)
- Ensure audits provide evidence for CQC lines of enquiry (safe, effective, responsive and well led)
- Measure information governance standards
- Measure professional standards

Key performance indicators (KPIs) had been agreed with the Clinical Commissioning Group (CCG) to monitor performance to improve outcomes for patients.

- Specific performance data detailed overall results for 2017/2018 and showed that KPIs were being met. For example, the number of appointments available and those utilised was monitored monthly. For January 2018 the number of appointments available was 2264 which was 113% of those appointments contracted (2006); the number of appointments utilised was 2004 which was 89% of the number of appointments available (2264). The available appointments were higher than the target of 2006 appointments.
- We saw evidence that referrals to A&E were reviewed each month.

### Effective staffing

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

- All staff were appropriately qualified. The provider ensured that all staff worked within their scope of service and had access to clinical support when required.
- 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 were provided with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how they ensured the competence of staff employed in clinical roles through audit of their clinical decision making, including non-medical prescribing.

# Are services effective?

(for example, treatment is effective)

- There was a clear approach for supporting and managing staff when their performance was poor or variable. We saw where action had been taken following concerns about an individual's performance which resulted in improvements for the team as a whole.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. Staff communicated promptly with a patient's registered GP so that their GP was aware of the need for any further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. After every episode of care was completed an electronic record of all consultations was sent to the patient's own GP and this was demonstrated to us.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. We were shown how the referral system was applied as required.

## Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients. Support was provided to help them manage their own health and maximise their independence.

- Where appropriate, staff gave patients advice so they could self-care.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. This included patients at risk of developing a long term condition.

## Consent to care and treatment

Consent to care and treatment was obtained in line with legislation and guidance.

- The service monitored the process for seeking consent appropriately. Regular audits were carried out to check compliance with the consent policy was being maintained.
- The consent process for access clinical records was explained and demonstrated.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Information leaflets were available to guide patients about giving consent to treatment or examination. Staff confirmed this leaflet was regularly offered to patients.
- Staff understood the requirements of legislation and guidance when considering consent and decision making. Clinical staff had a good understanding of consent issues and all had completed mandatory training through an online training system.

# Are services caring?

## Our findings

### We rated the service as good for caring.

#### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.
- Patients commented through the 47 CQC comment cards that staff were immensely caring, friendly and helpful. They told us that receptionists were kind, understanding and easy to approach.

#### Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices

in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats to help patients be involved in decisions about their care.

- Patients told us through comment cards that they felt listened to and supported by staff. They commented they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The in-house patient survey conducted in 2017 showed that 98% of patients felt that the clinician had involved them in their treatment, listened to them and answered their questions.

#### Privacy and dignity

Patients privacy and dignity was respected and promoted.

- Staff recognised the importance of people's dignity and respect.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients commented that they were always treated in a dignified manner and with respect.
- The service complied with the Data Protection Act 1998.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the service as good for providing responsive services.**

### Responding to and meeting people's needs

Services were organised and delivered in ways that met patients' needs and took account of patient preferences.

- The provider understood the needs of its population and provided extended hours services to meet those needs. For example, patients could book appointments through their usual GP practice and see a GP at one of the hubs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a patient using the service. Patient records were flagged according to specific alerts and this information was available to clinical staff providing extended hours services.
- The facilities and premises at the hubs were appropriate for the services delivered.

### Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The service operated in three hubs: in Hereford from 6.30pm to 8.30pm weekdays and 8am to 8pm weekends and bank holidays; in Leominster and Ross on Wye hubs from 8am to 12pm weekends and bank holidays.
- Patients could be seen by direct appointment arranged by the patients' own GP practice or through triaged referral by NHS 111 or the West Midlands Ambulance Service. Details of the appointment were made available to the patient's regular GP. Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Referrals and transfers to other services were undertaken in a timely way. We found the referral system was simple, safe and effective, with links to necessary resources and information such as safeguarding.

### Listening and learning from concerns and complaints

Complaints and concerns were taken seriously and responded to appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. This included information for other agencies such as Healthwatch and the ombudsman.
- The complaint policy and procedures were in line with recognised guidance. Two complaints had been received in the last year. We reviewed both complaints and found that they had been satisfactorily handled in a timely way.
- We saw that where complaints had involved other providers joint discussions had taken place in order to resolve and learn from issues raised.
- The service learned lessons from individual concerns and complaints and also from analysis of trends to improve the quality of care. Annual audits of complaints carried out to review actions required had been completed and any changes made to policies and procedures were embedded. This was demonstrated in the audit completed in February 2018 for discussion at the Quality Assurance group meeting.
- We were told that the service recognised the number of complaints received was low. Action had been planned to review this to ensure that there were no barriers to patients which prevented them from sharing any concerns they had.

# Are services well-led?

Good 

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

## Our findings

### We rated the service as good for leadership.

Taurus Healthcare Limited was contracted to deliver extended hours to patients in Herefordshire. They told us that their model for providing extended access services was used by NHS England as a template and model for other federations to use. A video demonstrating how this had been shared was shown to us during the inspection.

We saw evidence of the overall journey for the service and discussed the inherent difficulties in setting up a service for patients with contracts that were time limited (two yearly on average). The service had continued to develop, attract and retain committed and enthusiastic staff despite those uncertainties. This was confirmed by all staff we spoke with during the inspection.

### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They 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

There was a clear vision and credible strategy to deliver high quality care to promote good outcomes for patients. The strategy was kept under regular review with the last review carried out on 8 January 2018.

- The service aimed to be the leading provider of out of hospital care at scale driving innovation, quality improvement and a positive healthcare experience through collaborative partnerships and federative working.
- The strategy was realistic with supporting business plans to achieve their aims.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the Herefordshire population.
- Progress was monitored against delivery of the strategy.
- Processes were in place that ensured that staff who worked away from the main base felt engaged in the delivery of the vision and values.

### Culture

There was a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- There was a warm and open culture evident amongst all staff we met, who felt well supported in a proactive learning environment. It was evident that the leadership structure was non-hierarchical and based on caring principles.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We saw an example where performance management had been discussed. Action had been taken to improve working conditions for the person concerned and for the team as a whole.
- 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 we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff gave us examples where they had raised issues. They described how they had been listened to and how their issue had been dealt with, often resulting in changes to systems or the service. For example, tests for chronic disease management was now being carried out in the hubs with staff trained to do this.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Staff told us there was a culture of continual development, both as individuals and for the service as a whole.

# Are services well-led?

Good 

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

- 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.

- 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.
- An annual information governance improvement plan was in place, which was kept under monthly review. For example, policy reviews had been scheduled for completion in November 2017 to ensure that they were up to date and in line with current legislation. Evidence showed this had been achieved.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- 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.
- There were processes to manage current and future performance. Taurus Healthcare Limited had a committed group of GPs, nurses, health care assistants and admin staff who were able to book shifts three months ahead of time, through an application available on their mobile telephones. They told us there was no shortage of staff for shifts as the work was popular and they had a good team of staff willing to work. At times of increased pressure and in emergencies, additional capacity could be built into the system. Examples were

given such as increased appointments as a result of winter pressures. Capacity was limited however to the number of appointments that had been agreed and resourced as part of the contractual agreement with NHS England.

- Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Monthly random reviews of patients notes were carried out to ensure that appropriate investigations and referrals had been carried out with detailed records maintained. For example, notes reviewed in the audit for December 2017 showed notes were satisfactory.
- Leaders had a good understanding of service performance against key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local Clinical Commissioning Group (CCG) as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality, operational information and the views of patients was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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 used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- Arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were in line with data security standards.

# Are services well-led?

Good 

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

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

Patients, the public, staff and external partners were involved to support high-quality sustainable services. Views and concerns were encouraged, heard and acted on to shape services and culture.

- Annual reviews of patient comments were carried out. In 2017 the service received 5352 completed questionnaires from patients, a 22% increase on those of 2016. The results demonstrated that the patients valued the service and that 98% would recommend the service to friends and family. The outcome of the survey was made available to patients. The results showed that the service remained popular with patients and compared favourably with other service providers. Comments from patients were positive about the services they received and included feedback about the ability to see a GP during bank holidays and weekends, particularly when they were unable to get an appointment with their own GP.
- Staff were able to describe to us the systems in place to give feedback. This included staff meetings, through supervision and through the staff survey. The latest staff survey was published in February 2018 and findings had been shared with staff. Staff had been asked for views

on how the service could be improved and those suggestions had been summarised with recommendations for further consideration. For example, expanding the service to reflect skills of staff and patient needs. Staff had suggested that specific clinics such as health monitoring, blood taking and health checks could be held at weekends to ease the pressures on GP practices.

- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. Following a review of the whole service in preparation for the inspection and the learning that arose from this, an annual review programme had been established.

There was a continuous improvement programme for 2018 with scheduled activities. These included plans for:

- Review of specific policies such as those for safeguarding vulnerable patients.
- Review of completed audits such as significant events and complaints.
- Developments for the service such as an extranet to provide a library of clinical guidance for staff.