CareQuality Commission

Walsall Urgent Care Centre - Saddlers Centre

Quality Report

Walsall Urgent Care Centre (Community Site)
Saddlers Centre
Bridgeman Street
Walsall
Tel: 01922 605730
Website: www.walsallurgentcare.nhs.uk

Date of inspection visit: 19 February 2018
Date of publication: 26/04/2018

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

Contents

Letter from the Chief Inspector of General Practice

This service is rated as Good overall. (Not Previously inspected)

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 at Walsall urgent care centre – Saddlers Centre on 19 February 2018. This inspection was part of our inspection programme.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen.

- The service routinely reviewed the effectiveness and appropriateness of the care it provided through individual clinician audit. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

Review the process for checking the completion of the standard operating procedure at the set up of every shift.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Walsall Urgent Care Centre - Saddlers Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector and included a GP specialist Advisor.

Background to Walsall Urgent Care Centre - Saddlers Centre

The urgent care centre at the Saddlers centre is part of the Nestor Primecare organisation; which in turn is a division of the Allied Healthcare Group. The centre is registered with the Care Quality Commission as an urgent care centre. Primecare operate hub and spoke urgent care centres within Walsall. The Saddlers centre is the community site or spoke. The hub site based at Walsall Manor Hospital was not inspected with this service.

The Saddlers Centre urgent care centre is located in Bridgeman Street, Walsall, WS1 1YT. The service holds a contract with Walsall Clinical Commissioning Group (CCG) to provide urgent care. It additionally holds a contract with

Walsall CCG to provide a dressings service. The contract is for five years and the service is currently in the second year of this contract. However, the CCG has commenced a public consultation regarding closing this service down in the near future.

The urgent care centre has an agency and consultancy model for clinical staff. The service has regular agency advanced nurse practitioners (ANPs) and GPs working on a consultancy basis. The substantive staff have dedicated managerial support along with a clinical matron (lead nurse) and clinical services manager. On this site, the matron works in a managerial capacity and supports healthcare support workers with one to one reviews and practice. The matron is also the safeguarding lead for the service.

The service is open from 08:00 to 20:00 hrs daily. Patients can walk in and patients can be signposted to the service from local GP surgeries. The 111 service also directs patients to use this service during service opening hours. A few patients arrive at the service via the ambulance service.

The website for the service is: www.walsallurgentcare.nhs.uk

Are services safe?

Our findings

We rated the service as good for providing safe services.

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 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Fire drills were practised every six months and recorded appropriately. The service had an emergency evacuation chair for exiting via the steps at the back of the building. Staff had received training in the use of the emergency chair.

- 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. Staff were aware of current issues such as modern slavery and illegal immigration and explained how policy informed staff to work supportively with these groups of people.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The service worked to the contracting CCG guidelines. There were safeguarding posters in all clinical rooms and reception. Staff also had guidance for victims of domestic abuse and how this linked to both adult and children's safeguarding procedures. Staff were aware of risks to older people and knew how to support them. The service had a dedicated safeguarding lead and staff we spoke with knew how to contact them and who the lead was.

- The service had audited its safeguarding referrals identified an area where documentation required improvement. They had taken suitable steps to improve their safeguarding documentation.

- The provider carried out staff checks 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). Staff working though agencies or on consultancy basis also had DBS checks carried out and confirmation was recorded in staff files.

- Staff who acted as chaperones were trained for the role and had received a DBS check.

- Professional registrations were checked for all clinical staff and suitable entries onto relevant professional registers were checked and recorded.

- There was an effective system to manage infection prevention and control. We saw that monthly infection control audits were carried out and that scores had risen steadily throughout the year as processes were embedded. This was supported by a detailed cleaning schedule and appropriate equipment which was stored appropriately and securely. Safety checks and procedures for reducing the risk of legionella were in place (legionella is the name of a particular bacterium which can contaminate water systems in buildings).

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Detailed calibration records and annual portable appliance testing (PAT) certificates were carefully recorded. 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. There was an effective system in place for dealing with surges in demand. The electronic system used identified high levels of demand and the provider had rostered an extra member of clinical staff to support these identified trends.

- There was an effective induction system for agency staff tailored to their role. Staff working at the service confirmed that they were expected to complete this.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example

sepsis. The service had a red button system on all computers including reception. We saw staff respond to this and how staff communicated with each other to promote patient safety in emergencies.

- Staff told patients when to seek further help. They advised patients what to do if their condition got worse. The service referred patients to the emergency department when required and clear legible documentation was included. Where patients were registered with a local GP, details of the urgent care appointment were sent on to the surgery after their urgent care visit.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

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 a protocol, which was ready to be signed off for data sharing with GP practices. The practice shared information with staff 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

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use to reduce the risk of fraud. All prescription pads were signed out of the secure store by a member of support staff and signed for by the receiving clinician. The service had audited this process and could demonstrate that all staff had completed the process properly.
- The service had a dedicated vaccine fridge and demonstrated the safety and continuity of cold chain for vaccines.

- A company pharmacist supported the service. The service carried out a six monthly antibiotic audit to ensure prescribing was in line with best practice guidelines for safe prescribing. An in house electronic system which updated in real time, provided pharmacy and best prescribing practice guidelines to all clinicians at the service.
- Staff prescribed, or administered 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 kept accurate records of medicines.
- The service received information on palliative care patients. This ensured that these patients received prompt access to pain relief and other mediation required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service met with the CCG monthly to review and monitor activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, the service was exploring an additional pathway for chest pain with the cardiology team at the hospital following one incident within the year.
- **Lessons learned and improvements made**

The service learned and made improvements when things went wrong.

- There was a system for receiving and acting on safety alerts. The organisation had an electronic system for sharing all alerts with the centres delivering care. The service had included checking this system daily to the standard operating procedure for each clinician at the start of their shift. However, not all staff completed this checklist as the service expected. The leadership team were reviewing means of ensuring compliance at the time of inspection.
- Joint reviews of incidents were carried out with the CCG. These were discussed at regular meetings and minuted. Action taken was recorded and shared across the organisation for shared learning and with the CCG to comply with the requirements of their contract.

Are services safe?

- 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. Staff we spoke with confirmed that they knew how to raise an incident. An electronic form was readily available to all staff to fill in when an incident required reporting. However, some staff preferred to fill in the form on paper. The service was talking with staff to encourage completion on the electronic system to ensure everyone used the electronic system.

- 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, the

service had taken steps to secure the back of the building and included reminder notices in the staff area to ensure staff knew why a new check procedure had been instigated.

- 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.

- The provider took part in end-to-end reviews with other services within its own organisation. Learning was used to make improvements to the service and to the other branches when appropriate. For example, an incident at another branch had led to a review across the entire business and development and investment in further technology to prevent recurrence.

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

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

- 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. All clinicians were aware of the NICE guidance for Sepsis and could describe the pathway the service used. The provider monitored that these guidelines were followed and shared this internally and with the local Clinical Commissioning Group (CCG).
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Patients that could not attend the service were offered home visits. The service recorded that comfort phone calls were made to these patients between requesting a visit and receiving it. This also enabled the service to gauge any change in the patient's condition, re-triage and escalate the response when required. The service categorised patients and had a triage system to determine how quickly they needed to be seen.
- The national quality requirements were followed when a patient that had been treated by a nurse required seeing a doctor. We watched the process staff followed to transfer patients to doctors and how this was communicated on the electronic system to reception staff. Reception staff were then aware that patients who had been seen by a nurse were back in the waiting area to be called through to see a doctor.
- Care and treatment was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable. The service reported that they treated a number of vulnerable people and were sensitive to the needs of this group of patients.
- We saw no evidence of discrimination when making care and treatment decisions.

- Arrangements were in place to deal with repeat patients. Patients that used the dressing service were expected to be frequent users for a prescribed period.
- Staff assessed and managed patients' pain where appropriate and pain was factored into the triage process the service used.

Monitoring care and treatment

The service was actively involved in quality improvement activity. They were monitored directly by the local CCG as part of their contract. The service undertook clinical and medicine audits, although it was not clear what the planned audit programme for the year was. The service used key performance indicators (KPIs) based on the National Quality Requirements that had been agreed with its CCG to monitor their performance and improve outcomes for people. KPI's are measures of quality of service, which for urgent care centres are based upon the National Quality Requirements in the Delivery of Out-of-Hours Services (NQR). These quality requirements (NQR) are a national set of quality indicators with which all providers of Out of Hours services must comply. The service shared with us the performance data from July 2017 to December 2017 that showed:

- 100% of people who arrived at the service completed their treatment within 4 hours. This was as required by the contract and within target.
- 100% of people who attended the service were provided with a complete episode of care during July and August, with one person requiring an emergency admission in September. The CCG then removed this criteria as the provider consistently met target and referred appropriately.

Where the service was not meeting its target(s), the provider had put actions in place to improve performance. Any area where concern had been raised at a contract meeting was shared internally through other meetings to engage staff at all levels. The provider held both governance and accountability meetings to monitor its activity internally.

- We saw evidence that referrals to A&E were reviewed each month to ensure they were appropriate. Any inappropriate referrals were discussed with the clinician concerned.

Are services effective?

(for example, treatment is effective)

Good ●

The service used information about care and treatment to make improvements. For example, the service adjusted its protocol for women in early pregnancy with abdominal pain, so that they were both assessed more thoroughly for pain and seen sooner.

We saw that clinical audits had a positive impact on quality of care and outcomes for patients. For example an audit of ear infections in children identified a reduction in compliance with best practice guidance for antibiotic prescribing. Therefore, the best practice guidance had been reissued to all clinicians and a further audit was planned for May 2018.

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. This covered a comprehensive range of topics including infection prevention and control, mental capacity act, fire safety and manual handling.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. The organisation had a clear clinical support system for doctors and nurses with lead roles for each discipline. However, not all doctors were aware of the lead GP.
- 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. The electronic system demonstrated which staff were up to date with training and when training was due. An easy traffic light system showed training at a glance and the detail was within the spreadsheet.
- Staff received ongoing support; this included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision-making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. The service had a clear process in which the timing of reviews and interventions would become more frequent if performance was poor or variable. There was a clear process for ending an agency or consultancy agreement if performance did not improve in line with review processes.

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 services and organisations, were involved in assessing, planning and delivering care and treatment. We saw that the service had developed clear pathways with the local hospital for referring and treating patients with a variety of conditions. For example, deep vein thrombosis, sepsis, fever pathway for children 0-5 years old, and frailty pathways had been developed in collaboration with the local hospital.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The dedicated pathways for referral were clear and patients being referred were provided with a copy of the referral information shared with the service to which they had been referred.
- Staff communicated promptly with patients registered GPs' so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, the safeguarding referral service was contacted when required.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. A hard copy record of all consultations was sent to patients' own GPs. An electronic copy would be sent once the data sharing protocol had been accepted.

Helping patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.

Are services effective?

(for example, treatment is effective)

- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. Advice about other agencies was offered when appropriate for example people in vulnerable circumstances.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service hosted Healthwatch visiting every Wednesday with health promotion information, for example advice about the flu vaccine, and cancer screening.

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 understood and could tell us about consent and teenagers who sought appointments without the support of a parent or guardian.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the service as good for providing caring services.

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.
- There were arrangements in place to respond to those with specific health care needs such as end of life care and those who had mental health needs. Palliative care patients were able to use the service if they needed.
- All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Two of the respondents commented on the proposed closure and expressed the view they wanted the service to remain open.

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. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- 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.
- 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

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

- The provider understood the needs of its population and improved services in response to those needs. The service had identified that a significant number of patients were accessing the service for dressings. The service sought to formalise this with the CCG and had been able to offer a dedicated dressings service for the local population.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Women in early pregnancy, young children and people at the end of life were easily identifiable and supported by suitable care pathways.
- The facilities and premises were appropriate for the services delivered. The service operated out of a purpose built facility.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service was split level with a wide dedicated slope that provided access for less able people or those with mobility problems. The slope also had a full length grab rail to enable people choosing to walk up it the reassurance of something to hold onto. A hearing loop was sited in reception and posters advertising its presence were on display.

Timely access to the service

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

- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- Patients were able to access care and treatment at a time to suit them. The service operated from daily from 08:00 to 20:00.

- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need. More serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times. A clear waiting time notice was added to the reception area once the wait time went over one hour. We saw that this could be increased by 30-minute intervals to three hours and thirty minutes. Staff told us that this did not occur very often and audits of waiting times confirmed this.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Patients we spoke with on the day said that they did not have to wait very long; and that they expected to wait as it was a turn up and wait service.
- The urgent care contract specified the maximum waiting time for treatment as four hours, and specified the emergency medicines the service could use. The contract detailed quality monitoring and prescribing and included financial viability, patient experience and safeguarding. A monthly contract-monitoring meeting took place between the service and the CCG to ensure contractual obligations were met.
- The service was meeting its commissioners Key Performance Indicators (KPI's). The local CCG had made some changes to these requirements during the time period we reviewed. Instead of reporting on 17 separate areas, these had been grouped together into five domains.
- The friends and family test was part of patient feedback. There was a low response but 85% of responses were positive, 5% neither positive or negative and 10% negative. This was in line with the national average.
- Waiting times and delays were within the contractual limit and managed appropriately. Action was taken to reduce the length of time people had to wait for subsequent care or advice. We saw the nurse alert reception staff when patients then required review by a doctor, and demonstrated where that person had been added to a doctors list.

Are services responsive to people's needs?

(for example, to feedback?)

- Referrals and transfers to other services were undertaken in a timely way. The service had dedicated referral pathways for a variety of conditions including deep vein thrombosis, diarrhoea and vomiting in children aged 0-5 year olds and urinary tract infections.

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 in the reception area and it was easy to do. The service also sought feedback on patients experience and treated al feedback as an opportunity to learn and improve. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance. Sixteen complaints were received in the last six months. We reviewed three complaints and found that they were satisfactorily handled in a timely way.

- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.

- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. The changes to the care of women in early pregnancy were planned as a result of a patient concern raised with the service.

Are services well-led?

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

Good ●

Our findings

We rated the service as good for providing well led services.

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

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. However, this had not been embedded as well as the service hoped. Staff told us it was difficult to consider strategy and vision when they were under threat of closure.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

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. Staff told us how much they loved working at 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. We saw an example where a full and complete disclosure had been offered to the patient, along with a suitable face to face meeting and a written apology.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. There were two dedicated telephones from the service to head office for any member of staff to raise a concern of they felt unable to raise it locally.

- 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 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. Staff spoke very positively about their line managers and the support they were provided with.

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 the service, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

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

Good 🟢

- 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 provider had processes to manage current and future performance, although uncertainty about the future affected innovation. For example there was no forward plan for clinical audit.

· Performance of employed and temporary clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. 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 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 and a commitment to ensuring best practice was adhered to.
- The provider had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. 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 used information technology systems to monitor and improve the quality of care.
- 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, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service used share cards which they encouraged patients to complete when using the service. These were suitable for people of all abilities.
- Staff were able to describe to us the systems in place to give feedback. All staff knew about the share cards and that the results had been shared with them quarterly. We saw evidence of the most recent staff survey 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

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

- There was a focus on continuous learning and improvement at all levels within the service. For example, equipment that a member of staff had reported as faulty only required a new battery. The service ensured that training was provided to all staff on all equipment and included a guide to use with the equipment
- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

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

Good ●

- 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 such as dedicated pathways developed in partnership with the hospital.