

# Sheridan Teal House

## Inspection report

Unit 2 Longbow Close  
Pennine Business Park, Bradley Road  
Huddersfield  
HD2 1GQ  
Tel: 01484487262  
www.localcaredirect.org

Date of inspection visit: 26 April 2022  
Date of publication: 04/08/2022

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

## Ratings

### Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Overall summary

We carried out an announced focused inspection of Sheridan Teal House on 26 April 2022. We undertook this inspection as part of a system-wide inspection looking at a range of urgent and emergency care providers in West Yorkshire. This was an unrated inspection.

A summary of CQC findings on urgent and emergency care services in West Yorkshire

Urgent and emergency care services across England have been and continue to be under sustained pressure. In response, CQC is undertaking a series of coordinated inspections, monitoring calls and analysis of data to identify how services in a local area work together to ensure patients receive safe, effective and timely care. We have summarised our findings for West Yorkshire below:

West Yorkshire.

Provision of urgent and emergency care in West Yorkshire was supported by multiple provider services, stakeholders, commissioners and local authorities.

We spoke with staff in services across primary care, integrated urgent care, community, acute, mental health, ambulance services and adult social care. Staff continued to work under sustained pressure across health and social care and system leaders were working together to support their workforce and to identify opportunities to improve. System partners worked together to find new ways of working, linking with community services to meet the needs of their communities; however, people continued to experience delays in accessing care and treatment.

During our inspections, some staff and patients reported difficulties with providing and accessing telephone appointments in GP practices. Some of these issues were caused by telephony systems which were being resolved locally. We found inconsistencies with triage processes in primary care which could result in people being inappropriately signposted to urgent and emergency care services. However, a number of staff working in social care services reported good engagement with local GPs.

We visited some community services in West Yorkshire and found these were generally well run. Service leaders were working collaboratively to identify opportunities to improve patient pathways across urgent and emergency care. These improvements focused on meeting the needs of local communities and alleviating pressure on other services. There were strong partnerships with social care and community teams, so patients had the right support in place on discharge.

However, we inspected one intermediate care service and found it could only take referrals from an acute trust, which meant there were no step-up facilities for patients in the community. The service struggled for ward space to deliver therapeutic activities and there were no communal spaces for patients to meet together or engage in group therapy. Plans were in place to provide additional facilities and to reconfigure the existing layout to provide communal spaces.

The NHS111 service was experiencing significant staffing challenges and were in the process of recruiting a high number of new staff. Staff working in this service had experienced an increase in demand, particularly from people trying to access dental treatment although a system was in place to manage the need for dental advice and assessment. Due to demand and capacity issues, performance was poor in some key areas, such as providing a call back to patients from a clinician.

The ambulance service had an improvement programme in place focused on performance and staffing. Whilst we saw some improvement in ambulance response times and handover delays, performance remained below target. We

# Overall summary

identified impact on other services due to the availability of 999 responses; for example, a maternity service had to close temporarily to keep women safe, due to system escalation and because ambulance responses couldn't be guaranteed in an emergency. Staff working in social care services also experienced lengthy delays in ambulance response times which further impacted on their ability to provide care to their residents.

We inspected some mental health services in Wakefield which were delivering person-centred care and responded to urgent needs in a timely way. Staff worked in multi-disciplinary teams and collaborated with system partners.

People's experiences of Emergency Departments were varied depending on which service they accessed. Some Emergency Departments had long delays whilst others performed relatively well. In services struggling to meet demand, patient flow was a key factor. Poor patient flow was primarily caused by delays in discharge with a high number of people fit for discharge unable to access community or social care services.

Staff working in some social care services reported significant challenges in relation to unsafe discharge processes, this included a lack of information to support their transfer of care and we were told of examples when this resulted in people having to return to hospital. Local stakeholders had a good understanding of this problem and were looking to improve pathways and discharge planning.

Staffing and capacity issues in both care homes and domiciliary social care services have at times impacted on timely and safe discharge from hospital.

We found services were under continued pressure and people experienced difficulties accessing urgent and emergency care services in West Yorkshire. System and service leaders across West Yorkshire were working together to seek opportunities for improvement by providing services and pathways to meet people's needs in the community; however, progress was needed to demonstrate significant improvement in people's experience of accessing urgent and emergency care.

At the inspection of Sheridan Teal House we found:

- Systems were in place to manage risk so that safety incidents were less likely to happen.
- The provider routinely reviewed the effectiveness and appropriateness of the care provided and ensured that care and treatment was delivered according to evidence-based guidelines.
- Performance was closely monitored by the provider. Most key indicators relating to out of hours, and urgent and emergency treatment services showed performance in line with national and local targets. However, the proportion of patients receiving a face-to-face consultation within their residence according to assessed need was outside the agreed target of 95% in some cases. Results for March 2022 showed:
  - 28.4% of patients assessed as requiring a face-to-face consultation within their residence within 1 hour actually received this consultation within this timescale.
  - 84.4% of patients assessed as requiring a face-to-face consultation within their residence within 4 hours actually received this consultation within this timescale.
  - 93.9% of patients assessed as requiring a face-to-face consultation within their residence within 8 hours actually received this consultation within this timescale.
- The provider had an understanding of the challenges faced by their service. This included meeting patient demand to adhere to national and local targets, and workforce planning including meeting staffing levels.
- Staff working at the service had the information they needed to support consistent and safe management of patients' health needs. Care was coordinated with others, and information sharing processes with other health and care partners were in place.

# Overall summary

- The service had an overarching governance framework in place, including policies and protocols.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The provider delivered additional services such as NHS 111 Online Emergency Department Validation which sought to reduce unnecessary presentation to Emergency Departments. Of the cases assessed and validated in March 2022 only 17.7% of patients were referred to an ED or directly admitted to hospital.

Whilst we found no breaches of regulations, the provider **should**:

- Continue to monitor delivery against key performance indicators, and plan mitigating actions to ensure national standards and local targets are met.

**Dr Rosie Benneyworth** BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection was undertaken by a CQC inspector.

## Background to Sheridan Teal House

Sheridan Teal House is the base location of the provider, Local Care Direct Limited. Local Care Direct Limited is a social enterprise organisation. It has contractual arrangements with several organisations including clinical commissioning groups (CCG) across West and North Yorkshire and NHS England to provide a range of medical and dental services for up to six million people residing in those areas. These services include:

- **West Yorkshire Urgent Care.** This is delivered through a contact centre, and 12 primary care centres (PCCs). These services incorporate GP out of hours clinical assessment and treatment, home visiting services, urgent treatment services, and contacting patients out of hours to inform them of pathology results. A daytime clinical assessment service for callers to 'NHS 111 First' who have been assessed by NHS 111 as having a one or two hour need to be seen by a GP service or are for services for those under 11 years old is also provided. The commissioning lead is NHS Kirklees CCG and the service operates under the West Yorkshire Urgent Care Contract.

Patients are usually referred to the contracted service via NHS 111. They are then triaged by via a telephone assessment. Patients receive a telephone assessment/consultation and where required are then directed to the most appropriate course of action, such as a face to face consultation or a home visit with a clinician or referral to another, more appropriate service. Patients are also dealt with on a walk-in basis.

There are dedicated vehicles (mobile units), to support home visiting, where a driver transports a clinician to the patient's address. All vehicles are equipped with a range of medicines and equipment to support the care and treatment of patients as necessary.

Operating under the West Yorkshire Urgent Care contract Local Care Direct also provides 'Safe Haven' services for patients in the Calderdale and Kirklees areas who have been deemed unsuitable for mainstream GP services. Patients for this service are supported by a dedicated team of two non-clinical staff and a lead GP. These services formed part of the inspection undertaken by CQC,

- **Urgent Treatment Centres.** This service operates from two locations and deals with walk-in patients and patients directly booked in by NHS 111. The service deals with minor injuries and ailments. This service formed part of the inspection undertaken by CQC,
- **NHS 111 Online Emergency Department Validation (ED).** This is a service commissioned by West Yorkshire CCGs under the West Yorkshire Urgent Care contract which validates the ED disposition (when the patient has been advised to attend an Emergency Department) reached by patients using the NHS111 Online tool and for specific groups, offers an urgent care alternative via telephone consultation. Where these patients require face to face treatment, this is provided via booked appointments at an urgent treatment centre or walk-in centre, the out of hours service; or self-care advice. This service formed part of the inspection undertaken by CQC,
- **Yorkshire and Humber Dental Clinical Advice and Booking Service.** This service is commissioned by NHS England and deals with NHS 111 dental contacts for the whole of Yorkshire and the Humber. The service clinically assesses incoming calls, online requests and those who have been referred into the service. Outcomes for those who contact the service include being given self-care advice and support, direct booking into a dental appointment, or referring on for further medical assessment or signposting to attend an Emergency Department. This service formed part of the inspection undertaken by CQC.
- **COVID Medicines Delivery Unit (CMDU).** The lead commissioner for the service is NHS Kirklees CCG. The CMDU operates over the West Yorkshire and Harrogate Integrated Care System (West Yorkshire and Harrogate Health and Care Partnership) area. The service identifies patients who are potentially eligible for antiviral treatment for COVID-19. To be eligible patients need to meet specific criteria including being clinically extremely vulnerable. After clinical assessment eligible patients are referred to their local CMDU team who deliver the specific treatment. If a patient is deemed ineligible on assessment, they are given safety netting advice. This service did not form part of the inspection undertaken by CQC.

- **Online Consultation GP Support.** This service is commissioned by NHS England. It is used to support primary care by providing assessments using e-consultations (a form-based online consultation and triage platform that patients are able to use to contact their GP practice, who then triage the patient from this information and decide on the appropriate care and treatment option). Instead of the assessment being undertaken by the patient's own GP the Local Care Direct Limited clinical team undertake the assessment and any necessary actions such as treatment or referral to other services. This frees capacity for GPs to see additional patients on a face to face basis. This service did not form part of the inspection undertaken by CQC.
- **Urgent Care Rapid Response.** This is an early intervention service which began in 2020 and operates within the Kirklees and Calderdale areas. It provides a two-hour response to patients diagnosed as moderately to severely frail in order to prevent admissions or re-admissions to secondary care, by managing the patient at home with appropriate ongoing community response. Referrals received by the team are clinically assessed, and if required patients can be offered primary care appointments via other local providers. Alongside this primary care support, qualifying patients can also access tailored packages of intermediate care or reablement services. This service did not form part of the inspection undertaken by CQC.
- **Calderdale Care Homes Video Link.** This is a clinical video consultation service where staff in care homes have access to clinical support. Outcomes include patient care advice, the arrangement of home visits, referral or signposting to other more appropriate services. This service did not form part of the inspection undertaken by CQC.

To deliver this wide number of services Local Care Direct Limited employs a range of staff. These include call handlers, reception staff, duty managers, area managers, operational leads, drivers, advanced nurse practitioners and dental specialists. Doctors are engaged on a sessional contractual basis or via an agency.

The provider has appointed organisational leads to support management, governance and oversight of the service, such as a clinical governance lead, a director of clinical governance and quality and an associate director of risk and quality. There is also a chief executive and chief operating officer who report to a board of directors.

In relation to the services delivered by the organisation, the provider is registered with CQC for the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely.

# Are services safe?

## Safety systems and processes

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

- The provider had processes and procedures in place to manage health, safety and welfare within the service. Staff received safety information as part of their induction process and at refresher training. Systems to safeguard children and vulnerable adults from abuse were in place. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. In addition, staff were able to report concerns remotely via an electronic reporting system. Safeguarding reports were run on a monthly basis and reviewed at the service's internal quality meeting. Safeguarding issues were reported to the Local Care Direct Board on a regular basis.
- The service worked with other agencies as necessary to support patients and to protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. For example, there were systems in place to support home visits and failed encounters (a failed encounter is when the patient was unable to be contacted). If required, the organisation was able to request these patients receive a welfare check from the emergency services.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. Staff informed us that they knew how to identify and report concerns. Staff who acted as chaperones (including drivers for out of hours services) were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). We saw that an IPC audit had been undertaken at the main Sheridan Teal House site on 7 April 2022 which showed a compliance attainment of 98%. Other delivery sites received similar audits. Additional IPC measures had been put in place during the COVID-19 pandemic to ensure the safety of staff and persons who accessed services. This included the alteration of room layouts and operating practices.
- The provider monitored the immunity and vaccination status of staff in order to comply with national guidance.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- Staff reported that they had satisfactory supply levels of personal protective equipment including masks and gloves.

## 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, and systems were in place for dealing with surges in demand. All services and pathways had governance processes in place, this included via the development of policies and protocols, and specific training and competence requirements for staff. The service also coped with demand and capacity pressures by redeploying resources from other parts of the wider organisation, and by offering alternative services such as remote telephone consultations via their central hub/call centre. When required clinical manager support was available to provide guidance for more complex cases.

Each service had its own risk register. This ensured that there was a service level focus on managing and mitigating risks.

Staff rotas were planned in advance, and staffing levels and pressures on the capacity of the service were closely monitored. The service provided data for March 2022 which showed that overall staffing hours deployed were 92% for the services covered by the West Yorkshire Urgent Care out of hours contract. However, more detailed data showed that there

# Are services safe?

were differences over the geographic areas served. For example, Bradford services had 73% of contracted hours filled, and those in Leeds had 74% filled. The provider informed us that it was not abnormal to operate at these levels. Other locations in contrast such as the West Yorkshire Urgent Care central hub showed 123% of hours filled which mirrored a change in operating model, and the increasing number of cases managed by the central hub.

The provider recognised that the filling of shifts to cover the primary care centres was a challenge and reported a continued lower take up for face to face consultation and treatment work. They felt that this may have been caused by:

- The continued high workload of GPs in their substantive primary care roles outside the service.
- Fatigue amongst clinicians.
- Perceptions of higher work rates.
- The added pressures and risk in urgent care.
- Better pay/enhancements offered for work in other services.
- The service had processes and procedures in place to categorise and manage risk, this included:
  - Clinical queue management to prioritise and manage patients according to the need and risk.
  - Use of 'National Early Warning Scores' (NEWS a score used to identify acutely unwell patients, and which allows the prioritisation of such patients for care and treatment).
  - Implementation of 'Operational Pressures Escalation Levels' protocol to manage risks to patients in periods of high demand (a nationally recognised framework used to provide a consistent approach in times of pressure within the health and care system).
- 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. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. The service had equipment available to enable them to assess patients with presumed sepsis or other clinical emergencies.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse and gave safety-netting advice.

## Information to deliver safe care and treatment

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

- Individual treatment records were managed in a way that kept patients safe. The service had access to relevant patient records systems so they could obtain the information required to deliver care and treatment, this included access to summary care records. Cases from NHS 111 were received via an electronic transfer which included full information from the initial call handler assessment. When cases were completed clinician case notes were entered on to the patient's own record and electronically transferred to their own GP. This included information regarding follow-ups and any required tasks for the GP to undertake.
- We saw that the provider carried out audits of consultations and had put in place processes for improvement should this be identified.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals to other services in line with protocols and up to date evidence-based guidance. Whenever possible a direct booking or referral would be made at the time of the call rather than a patient being directed to call elsewhere.

## Lessons learned and improvements made



# Are services safe?

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. For example, we saw that in the last 12 months the service had identified 221 incidents linked to their dental clinical advice and booking service, the majority of which included inappropriate referrals from NHS 111. In relation to inappropriate referrals feedback is given to NHS 111 by the provider to reduce recurrence. Staff informed us that they understood their duty to raise concerns and report incidents and near misses, and were fully aware how to raise these. Managers supported them when they did so. Such incidents were investigated and information regarding this was shared with staff to promote learning and prevent recurrence. Incidents and events were reported to the internal quality group which met on a monthly basis.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to receive and disseminate relevant alerts to all members of the team.

# Are services effective?

## Monitoring care and treatment

The service monitored performance against a range of measures. These included the national Integrated Urgent Care (ICU) Standards (Key performance indicators and quality standards 2021-22), and local key performance indicators (KPIs) that had been agreed with clinical commissioning groups to monitor their performance and improve outcomes for people. Performance in relation to some of the services delivered by the provider included:

- **West Yorkshire Urgent Care Core Contract (March 2022)** including out of hours services and primary care centres. This service had been initially contracted to deal with 167,000 cases per year. In 2021-22 the service dealt with 260,633 cases.
  - The service received and dealt with 19,358 patient contacts during March 2022. Of these contacts 10,092 (52.1%) were assessed by a clinician or clinical advisor. The national ICU Standards target for this was 50% or above (IUC KPI 1).
  - 10,092 of contacts were given telephone advice, of these contacts 3,711 (36.8%) were recommended self-care at the end of clinical input. The national ICU Standards target for this was 15% or above (IUC KPI 2).
  - 801 of 1,028 patients (77.9%) received a face-to-face consultation within their home residence within the specified timeframe. The national ICU Standards target for this was 95% or above (IUC KPI 16).
  - 1,355 of 1,829 patients (74.1%) received a face-to-face consultation within an IUC Treatment Centre within the specified timeframe. The national ICU Standards target for this was 95% or above (IUC KPI 17).
  - Local KPI - The proportion of patients receiving a face-to-face consultation within their home residence according to need and within an agreed timeframe. The KPI target was that 95% of patients or above received a consultation within the required timescale:
    - 28.4% of patients assessed as requiring a face-to-face consultation within their residence within one hour received this consultation within this timescale.
    - 84.4% of patients assessed as requiring a face-to-face consultation within their residence within four hours received this consultation within this timescale.
    - 93.9% of patients assessed as requiring a face-to-face consultation within their residence within eight hours received this consultation within this timescale.
    - 100% of patients assessed as requiring a face-to-face consultation within their residence within 12 hours received this consultation within this timescale.
  - Local KPI – Patients seen within 30 minutes of booked appointment in IUC Treatment Centre – the KPI target for this measure was 95% or above and the service attained 98.9%
  - Local KPI - Frequent service users flagged to their practice – the KPI target for this measure was 95% or above and the service attained 100%

We saw that the provider reviewed this data on a regular basis and examined areas of performance which had not met the required national or local targets. The provider recognised that the emergency visits (the proportion of patients receiving a face-to-face consultation within their home residence within one hour) was very challenging considering the short initial timescale, and the possible distances involved to deliver this service. These more urgent one hour home consultations should be reserved for palliative care patients, mental health patients in crisis, or other higher risk patients. The provider had recognised that not all one hour assessment decisions met this criteria, and that some were inappropriate and could have been given a lower priority e.g. four hours rather than one hour. As a result, they have monitored the prioritisation of decisions and worked with staff to ensure such decisions are consistent with their operating procedures. It was felt that this would improve the one hour response attainment, whilst offering an appropriate and effective level of service to patients.

- **Other West Yorkshire Urgent Care Services**

# Are services effective?

**Leeds Urgent Treatment Centres** – The provider operated two Urgent Treatment Centres (UTC) in Leeds and in March 2022 dealt with 5,046 patient contacts.

- Contract KPI – 100% of patients with a booked appointment had their appointment start within 30 minutes of the appointment time – the target for this measure was 95%.
- Contract KPI – 100% of patients spent less than 4 hours in UTC from arrival to departure (walk-in patients only excluding planned follow ups) – the target for this measure was 95%.
- Contract KPI – 100% of patients spent less than 4 hours in UTC from arrival to departure (direct booked patients via NHS 111 only) – the target for this measure was 95%.

**NHS 111 First one- or two-hour GP dispositions** (for patients who have been assessed as needing to be seen by a GP service within one- or two-hours) **and those under 11 years of age** – This daytime clinical assessment service dealt with 2,736 patient contacts in March 2022.

**NHS 111 Online Emergency Department Validation** - This service began operation in January 2022. As part of this service the provider received cases for patients that were given an outcome of attending ED when using the NHS 111 Online service and who had accepted an option to gain further advice before doing so. We saw that following assessment by the provider that the majority of the 1,421 cases dealt with in March 2022 were closed, with only 17.7% of patients being referred to an ED or directly admitted.

## • **Non-West Yorkshire Urgent Care Contract**

**Yorkshire and Humber Dental Clinical Advice and Booking Service** – Demand for this service was high and in 2021-22 it dealt with 454,346 contacts from across West Yorkshire and the Humber. When the service was originally established demand was assessed at 188,000 contacts per year.

## **Quality and service improvement**

- The service had made improvements using both clinical and non-clinical audits. We saw that audit processes had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, we saw that audits had been undertaken into medicines management which included prescribing medicines for urinary tract infections (UTIs). When audits had identified areas of non-compliance then actions were taken to improve performance. Many audits were full two-cycle audits where progress was monitored.
- The service used web-based clinical documentation audit software that automatically extracted a selection of clinical documentation from patient clinical records. This allowed clinical audit facilitators to anonymously audit clinical notes, provide analysis and feedback directly to the clinician, as well as highlighting both good and poor clinical practice/documentation. Staff personal development reviews included an examination of clinical consultations undertaken as well as reflective discussions with clinicians.
- We saw that performance was regularly monitored and reported both via a monthly quality meeting, and to the organisational Board.

## **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.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.

# Are services effective?

- 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 service provided staff with 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. For example, we saw from clinical audits that specific instances of non-compliance with operating practices or guidelines had been raised with the staff members concerned.

## Coordinating care and treatment

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

- Care and treatment for patients in vulnerable circumstances was coordinated with other services as appropriate.
- Staff communicated promptly with patients' registered GPs so that their GP was aware of any need for further action. A case record was created for each person who used the service, and this was sent to the patient's practice following consultation. There was also the ability to send tasks and actions to a patient's own GP through the electronic clinical system and to add comments to post event messages. For example, "patient presented to the service with concerning symptoms which require your attention".
- 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.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- Clinicians were able to make direct referrals to some hospital specialist services. Should a hospital admission occur the service provided information to support the admission.
- The service had formalised systems with NHS 111, with specific referral protocols for patients referred to the service. In addition, the staff contacted other local services should a vulnerable patient require additional support. For example, should a patient require the provision of items to aid daily living.
- There were clear and effective arrangements for booking appointments, transfers to other services, and the ability to arrange ambulances via the Yorkshire Ambulance Service Emergency Operations Centre for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

## 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.

- The service identified patients who may be in need of extra support.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this. We saw data which showed that many cases were closed after self-care advice had been given by the service.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

# Are services caring?

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. The service had in place processes to prioritise the needs of those who were vulnerable and needed additional support.
- Staff understood the personal, cultural, social and religious needs of people.
- We observed and heard staff treating people with care and concern.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality and confidentiality agreements were in place for staff across the organisation.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.

# Are services well-led?

## 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. For example, the provider had identified issues including contracting and funding needed to support their work, increasing demand, the uncertain future of place-based services, and maintaining staffing levels during the post COVID-19 period. Work that had been undertaken in relation to this included ongoing discussions with commissioners regarding demand and capacity, and shared risk.
- Management and clinical support was available to staff during operational periods via the telephone and from local duty managers.
- Managers worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff informed us that they felt supported, and that relationships were generally good. Some staff informed us that there were at times issues filling clinical shifts and dealing with demand.

## Culture

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

- Managers and staff felt respected, supported and valued. They were proud to work for the service.
- The provider was aware of, and had systems to ensure, compliance with the requirements of the duty of candour.
- Staff informed us that they were able to raise concerns and were encouraged to do so. For example, we heard that staff had raised issues including staffing capacity with managers. The managers we spoke with acknowledged that such issues were a challenge and were closely monitored. The service had in place a number of measures to tackle these challenges which included ongoing recruitment, staff retention measures and the development of multi-disciplinary teams which were able to better meet the needs of patient demand.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service actively promoted equality and diversity and identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.

## 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 joint working arrangements promoted co-ordinated person-centred care. We saw that regular meetings were held to discuss key operational areas. This included monthly clinical governance, senior management, and quality group meetings. Minutes and details of meetings were accessible to staff either electronically or in hard copy, and logs on ongoing actions kept. We saw that the service had developed effective monitoring and reporting systems and that these were discussed at all levels within the organisation including the Board.
- Staff were clear on their roles and accountabilities, this included actions in respect of safeguarding and infection prevention and control.
- Managers had established appropriate policies, procedures and activities to ensure safety and assured themselves that the service was operating as intended.

# Are services well-led?

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. The service had developed a risk register which was monitored and reassessed regularly. Organisational risk was discussed at senior management and Board level. At the time of inspection identified significant risks included:
  - Short notice withdrawals of clinical staff from rotas.
  - Securing enough staffing to meet demand within agreed response times.
  - Dealing with the large number of pathology results the service was expected to deal with and inform patients of results (as part of their service contract the provider contacted patients out of hours to inform them of pathology results).
- There were pathways in place to support vulnerable patient groups such as palliative care patients, patients with mental health issues, children under two years of age, dental patients, and the frail elderly. When required patients were signposted or referred to other more appropriate services. The service monitored vulnerable patients who frequently attended the service and shared this information with other health and care providers if required.
- The provider was a member on a range of joint commissioner and provider forums where risks were reviewed, and shared response plans agreed. A common risk identified included that of staffing. The provider has sought to tackle this issue through the development of a multi-disciplinary staffing model using a range of staff such as GPs, advanced nurse practitioners, triage nurses, pharmacists and physician associates, and has implemented actions including enhanced training, educational opportunities and clinical supervision to support this multi-disciplinary approach.
- The provider utilised the NHS Operational Pressures Escalation Levels (OPEL) framework to manage capacity and patient throughput at a time of excess demand and/or other operational pressures. For example, framework escalation could be triggered if there were excessive calls in the queue for assessment, or reduced clinical capacity available to meet the needs of the service. Possible actions following escalation included, extending shift offers to staff to increase capacity, adding additional clinics at other sites, and liaising with partners such as NHS 111 to manage referrals and caller expectations.
- The provider monitored customer satisfaction performance. We saw that satisfaction for the out of hours service gathered via the Friends and Family Test showed that in January and February 2022 that 77% of patients rated the service as excellent or good, and this increased to 87.4% when including those that found it to be fair.