

# LADMS GP Extended Access Service - Boston

## Inspection report

Sleaford Road Medical Centre  
Boston West Business Park, Sleaford Road  
Boston  
Lincolnshire  
PE21 8EG  
Tel: 01205 362173  
[www.ladms.co.uk](http://www.ladms.co.uk)

Date of inspection visit: 3 Dec to 12 Dec 2019  
Date of publication: 31/12/2019

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at LADMS GP Extended Access Service - Boston on 3 and 12 December 2019. This was as part of our inspection programme. We had not inspected this service before.

At this inspection we found:

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

- There was an emphasis on audit and where weaknesses had been identified action taken at individual and provider level to improve.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service at a time that met their needs.
- There was a strong focus on high quality care and service improvement at all levels of the organisation.
- Performance was continually monitored as an aid to service improvement.
- There was an effective governance structure with all board members and staff aware of their roles and responsibilities.

The provider should;

- Continue to review the delivery of the service to meet the national requirement of 30 minutes of appointment time per 1,000 patients per week.
- Continue to work with GP practices to increase the utilisation of available appointments.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to LADMS GP Extended Access Service - Boston

Lincolnshire and District Medical Services Limited (LADMS) which was formed as a GP co-operative provides a number of healthcare services, both in primary and secondary care. As part of its primary care functions, it provides GP extended hours access hubs at three locations across Lincolnshire. Two of the services are directly contracted through an Alternative Provider Medical Services (APMS) contract with Lincolnshire East Clinical Commissioning Group. The other is sub-contracted from another primary care services provider, also commissioned by Lincolnshire East Clinical Commissioning Group.

The hubs are located at:

- Beacon Medical Practice (Ingoldmells Branch) Skegness Road Ingoldmells PE25 1JL
- The Sidings Medical Practice, Boston West Business Park, Sleaford Road, Boston PE21 8EG
- County Hospital, High Holme Road, Louth LN11 0EU

Care and treatment are provided to approximately 252,765 patients across the area covered by Lincolnshire East Clinical Commissioning Group.

The hubs are staffed by sessional GPs, nurse prescribers (practitioners) and receptionists.

LADMS is registered with CQC to provide the regulated activities of:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury.

The company website is <http://www.ladms.co.uk>

The extended access hub in the Boston locality, based at The Sidings Medical Centre, provides additional appointments for 88,011 (weighted to 92,310) of the Lincolnshire East CCG population.

The hub is open from 6.30 pm to 8.00 pm on Mondays to Fridays, and 8.30 am to 6.30 pm on Saturdays and Sundays. On Public Holidays, including Christmas Day, Boxing Day and New Year's Day, the service runs from either 9.00 am to 1pm or 10.00 am to 2.00 pm.

The hub operates from a purpose-built GP surgery with ample car parking.

# Are services safe?

**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 had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training.
- There was an effective system to manage infection prevention and control. The most recent audit had been completed in August 2019.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Portable appliance testing had been completed in February 2019.
- Medical equipment testing and calibration was completed in January 2019.
- A Legionella and water safety risk assessment had been completed in March 2019.
- There were systems for safely managing healthcare waste. The last waste management audit had been completed in October 2019.

- There had been weekly fire alarm testing. A fire risk assessment had been completed in April 2019.
- Fire extinguishers had been inspected in June 2019.
- A Health and Safety risk assessment had been completed.

## 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. The number and times of consultations were fixed, with no walk-in or non-pre-booked appointments. Consequently, there was no requirement for a system for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need upon arrival for their consultation.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

## 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. However, we were aware that on occasions the patient's own surgery failed to share the patient's record with the extended hours provider. This meant the clinician seeing the patient in the extended hours hub did not have access to all the patient's clinical record. The provider told us they were in communication with practices regarding this matter. CQC raised the matter with the clinical commissioning group for them to re-enforce the message with practices.

# Are services safe?

- 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 in line with protocols and up to date evidence-based guidance. The provider carried out a monthly audit of two week wait referrals for suspected cancer. We saw that the number of referrals made within 24 hours was 100%.

## Appropriate and safe 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 minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out a regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Clinicians did not issue repeat prescriptions and any medication was prescribed as acute only. In the case of high-risk medicines, if an acute prescription was issued, it was only generally issued for one or two days, and then only if clinicians were satisfied that the appropriate monitoring of patients was taking place.

## 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 it to 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.
- None of the incidents so far recorded involved partner organisations, so there had been no joint reviews, but we were assured that if they were they were prepared to undertake such reviews.

## 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 and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There had been one serious event recorded since October 2018. This event concerned incorrect prescribing. There was no harm to the patient and the prescriber involved was advised of the correct dosage to be prescribed.
- There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and acted to improve safety in the service.
- 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.
- All clinicians were made aware of significant events and complaints using the providers IT system. Read receipts were attached to provide assurance that they had been accessed by individual clinicians.

# Are services effective?

**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. The provider monitored that these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Records we looked at showed that clinicians opportunistically recorded the smoking status of patients.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided.

- The service made improvements using completed 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. For example, we saw evidence of clinical audit carried out by the Clinical Lead and what action had been taken where results had shown there to be room for improvement. This included direct contact with clinicians and self-reflection on their practice.

## 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 such topics as health and safety, prevent training, equality and diversity as well as the provider's mandatory training.

- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. A GP was always available to provide support and advice for clinical practitioners.
- The provider understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals and clinical supervision. 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. We saw an example of action the provider had taken in relation to an inappropriate posting on a social media platform.

## Coordinating care and treatment

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

- Records showed that different services and organisations were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with patient's registered GP's 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. Communication with patients own practice, after they had been seen in the extended hours period, was completed by means of a task sent in the clinical system.
- 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.
- Details were entered into to the patients' electronic record at the time of the consultation.
- There were clear and effective arrangements for booking appointments. They could only be booked by

# Are services effective?

the patient's own GP practice. Staff were empowered to make direct referrals with other services. Referrals for two weeks wait suspected cancer were audited monthly to ensure they were being actioned immediately.

- Where patients had been referred onto other services, for example urgent care or accident and emergency services, they were provided with a print out of their consultation to give to the new healthcare provider.

## 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 need extra support.
- Where appropriate, staff gave people advice, so they could self-care. We saw examples of patients being given smoking and dietary advice.
- Risk factors, where identified, were highlighted to patients and their usual care providers so additional support could be given.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Consent for the extended hours clinicians to access patient records was obtained at the time of making an appointment by the patient's own practice.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.
- We were aware that on occasions the patient's registered practice, at the time of making the appointment, had not always taken the appropriate action in the clinical record to ensure the full record could be viewed by clinicians at the extended hours hub. The provider had taken steps to remind practices of the importance of sharing information and we raised the matter with the CCG for them to similarly remind practices.

# Are services caring?

**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.
- The 36 Care Quality Commission comment cards we received was positive about the service experienced. Respondents especially commented on the prompt and efficient service, good interactions with staff and the thoroughness of the care and treatment they received.
- The provider had conducted its own survey of patients. There had been 65 respondents. There were no negative comments and respondents praised the caring attitudes of staff. Two patients singled out the weekend physiotherapy service for praise. Another respondent who identified themselves as Polish said they had a very good experience and the clinician explained things very clearly.

## **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 told us through comment cards, that they felt listened to and supported by staff and had enough 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, clinicians ensured that the patient's own practice was made aware through the tasking process in the clinical computer system.
- Staff helped patients and their carers find further information and access community and advocacy services.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- Staff always respected confidentiality.
- Staff understood the requirements of legislation and guidance when considering consent and decision making. Staff had received the appropriate training in the Mental Capacity Act and deprivation of liberty safeguards.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.
- Privacy curtains were used and the doors to consultation rooms were closed when in use.



# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

The provider 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 tailored services in response to those needs.
- All appointments were 15 minutes in duration.
- Four of the CQC comments cards we received stated they found the service invaluable as it allowed parents to bring children for consultations without the need to take them out of school.
- Patients who had provided feedback through the providers own survey made comment on the accessibility of the service and several stated they worked long hours and found extended hours service to be their only practical way of accessing GP services. They said they especially benefitted from the provision of weekend appointments.
- The provider engaged with commissioners to secure improvements to services where these were identified. For example, it had been identified that there was a low take up of appointments from some practices lying at distance from the hub.
- The service was dependent upon the patient's registered GP practice to alert staff to any specific safety or clinical needs of a person using the service, through accurate clinical record keeping.
- The facilities and premises were appropriate for the services delivered.
- The extended hours provider did not dispense medicines, however there was a community pharmacy adjacent and another nearby that was open throughout the time the extended hours service operated.

## 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 by booking an appointment through their usual GP practice. There was no direct appointment booking with the service.

The service operated from 6.30 pm to 8.00 pm on Mondays to Fridays, and 8.30am to 6.30pm on Saturdays and Sundays. On Public Holidays, including Christmas Day, Boxing Day and New Year's Day, the service ran from either 9.00 am to 1pm or 10.00am to 2.00pm.

- 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 any delays to their appointment time.
- The service was not meeting its locally agreed targets as set by its commissioner and NHSE. The CCG and NHSE had agreed a trajectory for utilisation of the extended access hubs to reach 75% by December 2019. Since launch, the Boston hub had continually missed its utilisation rate, and the current rate of 48.7%, remained below both the trajectory and 75% target set. Despite the provider working hard to raise awareness and the advantages to practices of using the hub, the utilisation rate had remained low.
- We noted that 82% of the appointments at the hub were taken by The Sidings GP practice's patients. Utilisation by the other seven practices was low. When we looked at the websites for those practices we found that three of them did not promote the extended hours service, and in addition one did not provide any extended access appointments of their own. We raised the issue with the CCG.
- This extended access hub, provided additional appointments for 88,011 (weighted to 92,310) of the Lincolnshire East CCG population from the eight GP practices in the locality. The requirement for extended access hubs was that they provide at least 30 additional minutes of extended access provision per 1,000 of the weighted population. This hub provided 29.6 minutes of extended access per 1,000 population and was therefore not quite meeting the requirement. The provider had agreed in principle with the CCG that the service would be extended to run from 5pm to 8pm. This would encourage clinicians to fill the rota and meet the requirements.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Are services responsive to people's needs?

- The appointment system was easy to use. Appointments were booked directly into the hub by the patients' own GP practice. Patients could not book directly with the hub.
- Referrals and transfers to other services were undertaken in a timely way. The provider had identified the need for a medical secretary to liaise with other health care providers, including secondary care, during the normal working hours, and not during the time the extended hours was operating.
- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. One complaint was received in the last year. We reviewed the complaint and found it had been satisfactorily handled in a timely way.
- The provider assured us that where necessary issues would be investigated across relevant providers but there had been no such incidences.
- The service learned lessons from individual concerns and complaints but there had been very few and so no analysis was required to identify trends.

### **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.

# Are services well-led?

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

## 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.
- Senior management was accessible throughout the operational period, with an effective on-call system for both managers and a duty GP.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The inspection team found leaders in the provider organisation to be positive, enthusiastic and committed to providing a service of the very highest quality.
- They were unable to confirm how the service would develop months' time due to external factors influencing the future of the service. However, the provider was positive and confident that the quality of the service they provided would stand them in good stead going forward.
- 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 local population.
- The provider monitored progress against delivery of the strategy.

## Culture

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

- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, we saw that the provider had acted in a positive manner to deal with an inappropriate post on a social media site.
- 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 of the duty of candour being complied with.
- 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 processes for providing all staff with the development they need. This included appraisal and career development conversations. The service had been operating for just over a year and we saw that staff had been notified and sent their self-appraisal forms in preparation for their annual appraisal.
- Clinical staff, including nurses, were considered valued members of the team. They had time during their shifts for evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. There were a range of policies and protocols aimed at protecting and enhancing the well-being of 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.
- There were positive relationships between staff.

## Governance arrangements

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

- The provider had four staff which consisted of an Operations Manager, Primary Care Manager, Finance Officer and Medical Secretary. The Director of Corporate Governance, Chief Executive Officer, Medical Director and Clinical Lead, were all doctors and met weekly at the providers offices. It was evident to the inspection team that there was a close working relationship between employed staff and the directors.

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships and joint working arrangements 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.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a whistleblowing policy that was available to all staff.

## 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 of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. We saw audits of consultations had been undertaken using a random number generator to ensure no bias in the audit process.
- 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.
- Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the local key performance indicators.
- Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of the contract monitoring arrangements and discussed at the monthly contracting meetings with the CCG.
- The provider had a business continuity plan in place. As all their extended hours services operated the same clinical system they had the option of moving a service to one of their other hubs should one become inoperative.

- 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.
- The service used information technology systems to monitor and improve the quality of care. For example, we saw that the provider was exploring the possibility of using an on-line consultation system which could benefit, among others, some patients living in rural areas with limited access to transport.
- The service submitted data or notifications to external organisations, such as CQC 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.

- The provider told us it was very difficult to get a whole team meeting set up, especially as their employment with LADMS was secondary to their main role. This meant attending meetings for LADMS would probably mean them taking annual leave from their main job. To compensate for this, LADMS had set up WhatsApp groups for each group of staff, receptionists, nurses and doctors so that there was always a two-way communication process between the organisation and staff. All staff were free to contact any member of the back-office team if they had a problem or wished to discuss anything, and the provider used it to disseminate information and updates to them. Staff also had managers mobile phone numbers and there was 365 days /seven days a week on call manager for any problems out of office hours.
- The provider had recently implemented a new IT system which was used as another vehicle for communication and a central resource for all policies and procedures.

## Are services well-led?

- Staff we spoke with told us that they felt engaged and were very happy with the communication process.
- The provider circulated complaints and significant events reviews, as well as new policies by notification on the clinical system so that they could keep a record of who had read/actioned them.
- 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 was transparent, collaborative and open with stakeholders about performance.
- The provider had carried out its own patient survey. There had been 65 respondents. Comments were wholly positive about the accessibility of appointments and the quality of care and treatment provided.

### 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.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of 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 was a strong culture of innovation evidenced by the pilot schemes the provider hoped to get involved in for example, the on-line consultation project.