

# Virgin Care Services Limited

## Quality Report

Lynton House  
London  
WC1H 9LT  
Tel: 08455040594  
Website: [www.virginicare.co.uk](http://www.virginicare.co.uk)

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Core services inspected	CQC registered location	CQC location ID
Community Health Inpatients Services	Farnham Hospital and Centre for Health	1-365636965
Community Health Inpatients Services	Haslemere and District Hospital	1-365636607
Community Health Inpatients Services	Milford Specialist Rehabilitation Hospital	1-365627764
Community Health Inpatients Services	Virgin Care Luton	1-2008801464
Community Health Services for Adults	Farnham Hospital and Centre for Health	1-365636965
Community Health Services for Adults	Haslemere and District Hospital	1-365636607
Community Health Services for Adults	Milford Specialist Rehabilitation Hospital	1-365627764
Community Health Services for Adults	Virgin Care Luton	1-2008801464
Community Health Services for Adults	Oldham Integrated Care Centre	1-2086060515
Community Health Services for Children and Young People	Chippenham Community Hospital	1-2515712575
Sexual Health Services	Virgin Care Services	1-677085054
Sexual Health Services	Ironstone Medical Centre	1-677057619
Sexual Health Services	Virgin Care Services	1-677085054

# Summary of findings

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for community health services at this provider

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

# Summary of findings

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# Summary of findings

## Overall summary

When aggregating ratings, our inspection teams follow a set of principles to ensure consistent decisions. The principles will normally apply but will be balanced by inspection teams using their discretion and professional judgement in the light of all of the available evidence.

### Letter from the Chief Inspector of Hospitals

Virgin Care Services Limited (VCSL) locations were inspected during February, March and April 2017 as part of our programme of planned, comprehensive inspections of independent healthcare community services. We did not visit all locations but sampled all services and made inspection visits across the country. Some locations were moving into and out of the providers realm of responsibility during the reporting period. These services have not been reported on to avoid confusion about where accountability sits.

We looked at the following core services; Community Healthcare Services for Adults (including end of life care), Community Healthcare Services for Children and Young People, Community Inpatient Healthcare Services and Sexual Health Services. We did not inspect prison healthcare services or services registered as primary medical care services as part of this inspection.

We rated Virgin Care Services Limited as Good overall.

There were exceptionally robust systems in place for providing assurance to the Board about the safety and quality of the services provided. Data collated as part of the assurance and governance framework was used to drive service improvements. The governance structure was comprehensive but not unduly complex and encouraged operational staff to take responsibility for the services they delivered.

VCSL could demonstrate through documented evidence that following acquisition of services, they had managed to bring about a sustained, significant improvements to patient care. The Clinical Governance RAG rating score for Wiltshire services, acquired in June 2016, had improved month on month from 45% to 85% in an eight month period. Similar patterns of improvement could be seen for other acquired services. Some more established services sustained scores of over 90% with North East Lincolnshire scoring 100% over the reporting year.

The staff spoke positively about the culture of the organisation and felt that they were supported to provide good care. There was a very clear vision and explicit behaviours that were known to staff of all grades and disciplines. Learning and development were seen as key to staff satisfaction and high quality service provision. This was true of both established services and more recently acquired teams.

VCSL had an explicit quality statement and vision which was, “ To attract the best practitioners, to have the best systems and to deliver the best outcomes....providing the tools and creating the environment where quality flourishes, demonstrated throughout outcomes that everyone feels the difference”.

Our key findings were as follows:

- Incident reporting was encouraged and there was very good oversight at business unit and Board level. Each Head of Operations and each Clinical Governance Lead reviewed every incident report personally. There was evidence of organisation wide dissemination and sharing of learning from incidents.
- The metrics for incidents showed that serious incidents (SIs) were a small proportion of the overall number of incidents reported. Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. The provider policies and protocols for incident management mirrored the guidance contained in the Serious Incident Framework (NHS England Patient Safety Domain, 2015).
- All SIs were reported to the national clinical director by telephone within 24 hours of the event.
- Mandatory training completion rates were very high with most services showing 100% compliance with most of the required training. Where there were lowered levels it was because the figures were a year end total and the year was not complete at the time of the inspection visits. The exception to this was Wiltshire children's services which were acquired in April 2016.
- The Chief Pharmacist provided strategic medicines optimisations advice and support. They held the

# Summary of findings

corporate responsibility for ensuring legal and statutory frameworks in relation to medicines management were adhered to. All medicines related incidents were reviewed via the Medicines Management committees which reported into the Virgin Care Clinical Governance Committee.

- The Chief Pharmacist was the Accountable Officer for Controlled Drugs.
- There were two senior pharmacist who reported to the chief pharmacist. One was the National Quality Pharmacist whose sphere of responsibility included policy oversight, education and competency. They worked alongside the National Development Pharmacist who was responsible for medicines optimisation in the procurement and acquisition programmes.
- Each business unit pharmacist was line managed by the Chief Pharmacist.
- There was a very comprehensive annual medicines management audit which posed 250 questions. Themes and trends were identified and responded to. Individual outliers were managed through the business units.
- The organisational Caldicott Guardian was the Clinical Director. There were deputy Caldicott Guardians working across local services.
- There was an Information Governance Committee that reported directly to the Executive team via the Executive Committee .
- Confidentiality audits took place each quarter and showed high levels of compliance.
- The provider's links to the wider Virgin group of companies allowed access to expert advice and support from the Virgin Security Intelligence Group, a global Virgin group, particularly in areas such as cyber security.
- Safeguarding was given sufficient priority and the Board had good oversight of the safeguarding arrangements. Services for children in Wiltshire had a Named Nurse who was available to provide advice and support across the organisation, in addition to the Designated Nurses from lead CCGs. The Safeguarding Adults and Children's Committee reported to the Virgin Care Clinical Governance Committee and had representatives from each business unit.
- Business units had local safeguarding leads and service safeguarding champions.
- The Chief Nurse line manages the national safeguarding leads for the organisation reporting into the Clinical Director who was the executive lead, and had a good oversight of all concerns.
- Data provided demonstrated that there had been demonstrable improvements in the outcomes for patients over time. The collation of outcome data was fairly new but the provider was able to show, for example, a reduction in pressure damage due to attributable care lapses.
- Monthly information was collected on patient's preferred place of care (PPC) and preferred place of death (PPD) and then this was compared to the actual place of death. We saw evidence that across Surrey patients achieved 96% to 100% of their PPC and PPD.
- The provider was working to the Gold Standard Framework (GSF) an evidence-based approach to optimising care for patients approaching the end of life.
- We observed a number of patient visits and we saw that staff were respectful, kind and caring in their approach. Treatment options were openly discussed and the patient was seen to be part of the decision making process.
- The results of the Family and Friends Test were consistently high. In some services the score showed 100% of patients who would recommend the service to others. The results had been sustained over time and the surveys had good response rates.
- The provider had a Nursing Strategy that was under review at the time of the inspection visits. It had been identified that whilst nurses formed the majority of frontline professional staff, there were therapists and other staff groups who needed to be included. Going forward the Nursing Strategy was to become the Health and Care Strategy; the organisational values were being mapped to the professional Codes of Conduct which formed the basis of the strategy document.
- The provider had a Risk Register Policy that was used effectively locally and at Board level. Each service and business unit had its own Risk Register that it was responsible for. High scoring risks were escalated to the Virgin Care Clinical Governance Committee and upwards to the Virgin Care executive team. Significant corporate risks were escalated to the parent company.

# Summary of findings

- Individual executives were able to talk to us about the most serious risks within their remit. Examples were given of how the provider had responded and mitigated against risks.
- The provider had three Freedom to Speak up Guardians, one whom was the legal counsel for the organisation. The guardians were supported by an anonymous online system.
- Staff were also encouraged to make direct contact with Board members if they felt their concerns warranted senior intervention or they felt they were not getting an adequate local response.
- The provider supported and encouraged an open and transparent culture which sought solutions to problems rather than apportioned blame.

We saw several areas of outstanding practice including:

- The provider had introduced a very comprehensive Internal Service Review process and web tool that was used by registered managers to review and evidence their levels of compliance mapped against the CQC inspection framework. There was an expectation that every service or location would complete the review twice a year. The Board saw the ISR as both a monitoring tool and a development tool. Front line staff had worked with subject matter experts to create the review tool.
- The provider had achieved the Cybersecurity Standards of the General Data Protection Regulation (GDPR). This legislation will apply in the UK from 25 May 2018. There were 22,000 data flows across the organisation that were mapped to check the provider was GDPR ready.
- Equality and diversity training was in place for staff and 100% of community staff had completed this mandatory training.
- Staff could apply to the 'Feel the difference' fund to help with ideas and innovations. Staff felt innovation was encouraged. This was a £100,000 fund that seed funded local initiatives suggested by staff that focussed on patient experiences. The bids could be suggested by any staff and were approved by a peer panel. There was an option for very small bids to be fast tracked. Innovations so far have included standing desks, body blocks and a body mapping system.
- The motor neurone disease (MND) multi-disciplinary team from Farnham had been presented with the extra mile award by the motor neurone disease association for their exceptional care for people with MND.
- The speech and language team had purchased tablet computers with specific therapy applications; these were used by patients to practice speech for relaxation and mindfulness.
- In Grimsby, the service had initiated local multidisciplinary team working to produce information sharing and care / referral pathways regarding unaccompanied asylum seeking children (UASC) and FGM to learn from their experience and ensure there was a holistic multi-disciplinary approach to caring for these children in the future.
- The Grimsby service worked in partnership with a local authority outreach worker who ensured very vulnerable patients could access services and treatment at times to meet their specific individual needs.
- Staff from the Grimsby service delivered sexual health education to a variety of groups including; a young mother's group, and had also attended a group for people with a learning disability to help the group mentor answer any questions relating to sexual health.
- The 'Wiltshire Splitz support service' is a registered charity delivering support services to women and young people experiencing the trauma of domestic abuse. Health visitors would, with appropriate consent, refer mothers to the service for additional advice and support as well as making appropriate referrals to the Multi Agency Risk Assessment Conference (MARAC) where domestic abuse was identified.
- VCSL utilised the 'You Said, We Did' methodology for all their services every month. This was used proactively to improve care. Some examples of how feedback from children, young people and their families influenced their services in Quarter 3 were as follows: Parents requested information on managing sleep for children and young people with learning difficulties at the Wiltshire Parents Carers Council Event on 13th October. The provider team used Sleep Scotland materials to provide an informative presentation to 20 parents on managing sleep. Excellent feedback received.
- The provider was working with representatives from Wiltshire council to engage the parents of children

# Summary of findings

who were being educated at home or outside of Wiltshire County Council area, to ensure they had knowledge of VCSL and ensured they could access health services. Wiltshire Children's Community service were currently working with external partners on ensuring leaflets about information sharing and consent were clear and to explain why certain information, such as compliance with the accessible information standards is collected.

- There was a robust, visible person-centred culture. Staff within the children and young people teams always focused on the needs of children and young people and put them at the heart of everything they did. Children, young people and their parents or carers told us they were fully involved in their care and treatment. Relationships between people who used the service, those close to them and staff were strong, caring and supportive.
- The speech and language therapy team completed case load audits annually as part of clinical supervision. This was completed one to one between the therapist and their line manager and looked at case note quality and clinical decision making. The review process provided the opportunity to discuss cases and feedback directly to the therapist of both good practice and areas for development.

However, there were also areas of poor practice where the provider needs to make improvements.

Importantly, the provider should

- Ensure that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms are always completed

in line with the guidance about 'Decisions relating to cardiopulmonary resuscitation'. VCSL should implement the new Recommended Summary Plan for Emergency Care and Treatment guidance.

- Review the process for transcription of outreach records onto the electronic system and continue to merge patient records where the online booking system has created duplicates to ensure the standard of one patient record is achieved. Consider allocating nurses sufficient time to enable this. It is acknowledged that the provider was aware of this and taken action to mitigate any risk. A merging process was in place and monitored.
- Ensure all staff required to do so complete the mandatory Mental Capacity Act (2005) training.
- Review lone working procedures across all Wiltshire Children's Community teams and ensure there are clear processes to follow when a lone worker perceives themselves to be at risk.
- Ensure the integrated therapy model of the Wiltshire Children's Community service is developed and delivered as soon as reasonably practicable. It is acknowledged this is a commissioning led review and that the provider is dependent on the commissioners for leadership of this.
- Consider improving benchmark targets for the healthy child programme within the Wiltshire Children's Community service.
- Continue working towards reducing the reliance on agency and bank staff across services.

**Professor Sir Mike Richards** Chief Inspector of Hospitals



# Summary of findings

## Our inspection team

Our inspection team was led by: Terri Salt, Inspection Manager, Care Quality Commission

The team included CQC inspectors and inspection managers and a variety of specialists: Senior community nurses/matrons and a community NHS trust medical director, a physiotherapist, community children's nurses,

a health visitor and school nurse, a specialist learning disability nurse, a specialist children's occupational therapist, a management consultant, a deputy director of quality and governance, an adult and child safeguarding advisor and a senior nurse with sexual health experience and two clinical nurse specialists.

## Why we carried out this inspection

We inspected this core service as part of our comprehensive independent community health services inspection programme.

## How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the provider and asked other organisations to share what they knew. We used this information to determine which locations would be visited to ensure we gained an accurate reflection of the overall quality of service provision,

We carried out announced visits during February and March 2017. Prior to the visits we held focus groups with a range of staff who worked within the service, such as nurses, therapists and ancillary and support staff. We talked with people who use services. We observed how people were being cared for and talked with patients, carers and family members about their experiences.

We reviewed care or treatment records of people who used services and service management records.

As part of this inspection we visited services in the Luton area, including community health services, rehabilitation and intermediate care services. A narrative report for these services has been used to provide specific local feedback and to inform the provider ratings.

Sexual Health services in the North Lincolnshire and Bury/Oldham area were inspected in February and March 2017.

Oldham Integrated Care Centre was inspected 15 and 16 March 2017.

Wiltshire children's services were visited on 4, 5, 6 April 2017 and the findings have been used to inform the provider ratings and to produce the care service report.

Surrey Children's services have not be included as part of this report as, at the time of the inspection they were in the process of transferring to another provider.

We carried out an unannounced visit on 27 February and 24 March 2017 at Haslemere Hospital and Oldham Intergrated Care Centre.

We met a member of the Executive Board, members of the Clinical Quality Directorate and Central function teams on 8 March 2017 to enable us to understand how they monitored quality and safety of services being provided nationally.

# Summary of findings

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Prison Healthcare Services were not inspected, due to the specialist nature of the services provided.

GP services provided by Virgin Care Services Limited (VCSL) are inspected by our Primary Medical Services Directorate and reported separately.

## Information about the provider

Virgin Care Services Limited is a registered provider that delivers services across England. It provides the following core services:

Community Health Services for Adults

Community Health Service for Children

Community End of Life Care

Community Health Inpatient Services

Sexual Health Services

Virgin Care Services Limited had a total of 32 registered locations registered with CQC on 8 March 2017. These included 6 primary medical services, 4 prison services and 22 community healthcare locations. At the time of inspection visits some contracts were nearing completion, with some contracts being divided and parts of the contract given to other providers. Similarly, Virgin Care Services Limited had acquired a number of additional locations through new contracts that were due to start in April 2017.

As of 8 March 2017, there were 15 registered managers for Virgin Care Services Limited community services. Dr Peter Taylor is the nominated individual for Virgin Care Services Limited.

Virgin Care Services Limited is organised into five business units. Each business unit is managed by a business unit head, who reports to one of three regional operations directors.

Virgin Care Services Limited is a private limited company with share capital, first registered with the Care Quality Commission in March 2012. It is a subsidiary of Virgin Healthcare Holdings Limited. The business holds contracts with over 25 commissioning authorities. The organisation now provides services from more than 32 locations with a recorded turnover of £133,640,159 in the 2015-2016 financial accounts. At that time, over 7,000 frontline staff were employed.

There has been no provider wide inspection since registration but several locations have been inspected previously. No enforcement action has been taken by CQC against this provider or any of the registered locations.

## What people who use the provider's services say

People were very positive about the services they received from VCSL. This applied across all services and all business units (regions). They talked about kind, helpful and knowledgeable staff who involved patients and their families in decision making. We spoke with many people across the country about the care they or their relative received and only two made any negative comment at all.

- The mother of a new-born child told us, “I’ve had a really, really good experience. My midwife and health visitor have been very supportive. My pregnancy was not straight forward but the support I have had has been really great to help me through it.”
- One parent told us “The speech and language therapy team is absolutely wonderful with [child] and knows [child] inside out....I am very grateful for the service”
- One parent said “The physiotherapist and occupational therapist are absolutely fantastic and I work well with them and they have [child] best interests at heart”

# Summary of findings

- One parent said about a health visitor “They are a real credit to Virgin Care and there’s nothing they do not know and if not they will find out.” Another parent told

us “My health visitors are amazing, they have gone above and beyond for me and my children. ....they were just there and still are and I can just pick up the phone.”

## Good practice

- The provider had introduced a very comprehensive Internal Service Review process and web tool that was used by registered managers to review and evidence their levels of compliance mapped against the CQC inspection framework. There was an expectation that every service or location would complete the review twice a year. The Board saw the ISR as both a monitoring tool and a development tool. Front line staff had worked with subject matter experts to create the review tool.

- The provider had achieved the Cybersecurity Standards of the General Data Protection Regulation (GDPR). This legislation will apply in the UK from 25 May 2018. There were 22,000 data flows across the organisation that were mapped to check the provider was GDPR ready.

- Equality and diversity training was in place for staff and 100% of community staff had completed this mandatory training.

- Staff could apply to the ‘Feel the difference’ fund to help with ideas and innovations. Staff felt innovation was encouraged. This was a £100, 000 fund that seed funded local initiatives suggested by staff that focussed on patient experiences. The bids could be suggested by any staff and were approved by a peer panel. There was an option for very small bids to be fast tracked. Innovations so far have included standing desks, body blocks and a body mapping system.

- The motor neurone disease (MND) multi-disciplinary team from Farnham had been presented with the extra mile award by the motor neurone disease association for their exceptional care for people with MND.

- The speech and language team had purchased tablet computers with specific therapy applications; these were used by patients to practice speech for relaxation and mindfulness.

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unaccompanied asylum seeking children (UASC) and FGM to learn from their experience and ensure there was a holistic multi-disciplinary approach to caring for these children in the future.

- The Grimsby service worked in partnership with a local authority outreach worker who ensured very vulnerable patients could access services and treatment at times to meet their specific individual needs.

- Staff from the Grimsby service delivered sexual health education to a variety of groups including; a young mother’s group, and had also attended a group for people with a learning disability to help the group mentor answer any questions relating to sexual health.

- The ‘Wiltshire Splitz support service’ is a registered charity delivering support services to women and young people experiencing the trauma of domestic abuse. Health visitors would, with appropriate consent, refer mothers to the service for additional advice and support as well as making appropriate referrals to the Multi Agency Risk Assessment Conference (MARAC) where domestic abuse was identified.

- VCSL utilised the ‘You Said, We Did’ methodology for all their services every month. This was used proactively to improve care. Some examples of how feedback from children, young people and their families influenced their services in Quarter 3 were as follows: Parents requested information on managing sleep for children and young people with learning difficulties at the Wiltshire Parents Carers Council Event on 13th October. The provider team used Sleep Scotland materials to provide an informative presentation to 20 parents on managing sleep. Excellent feedback received.

- The provider was working with representatives from Wiltshire council to engage the parents of children who were being educated at home or outside of Wiltshire County Council area, to ensure they had knowledge of VCSL and ensured they could access health services. Wiltshire Children’s Community service were currently

# Summary of findings

working with external partners on ensuring leaflets about information sharing and consent were clear and to explain why certain information, such as compliance with the accessible information standards is collected.

- There was a robust, visible person-centred culture. Staff within the children and young people teams always focused on the needs of children and young people and put them at the heart of everything they did. Children, young people and their parents or carers told us they

were fully involved in their care and treatment. Relationships between people who used the service, those close to them and staff were strong, caring and supportive.

- The speech and language therapy team completed case load audits annually as part of clinical supervision. This was completed one to one between the therapist and their line manager and looked at case note quality and clinical decision making. The review process provided the opportunity to discuss cases and feedback directly to the therapist of both good practice and areas for development.

## Areas for improvement

### **Action the provider MUST or SHOULD take to improve**

#### **Action the provider SHOULD take to improve**

- Ensure that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms are always completed in line with the guidance about 'Decisions relating to cardiopulmonary resuscitation'.
- Ensure that best interest decisions are made and properly recorded at the Oldham location.
- Review the process for transcription of outreach records onto the electronic system and continue to merge patient records where the online booking system has created duplicates to ensure the standard of one patient record is achieved. Consider allocating nurses sufficient time to enable this.

- Ensure all staff required to do so complete the mandatory Mental Capacity Act (2005) training.
- Review lone working procedures across all Wiltshire Children's Community teams and ensure there are clear processes to follow when a lone worker perceives themselves to be at risk.
- Ensure the integrated therapy model of the Wiltshire Children's Community service is developed and delivered as soon as reasonably practicable.
- Consider improving benchmark targets for the healthy child programme within the Wiltshire Children's Community service.

# Virgin Care Services Limited

## Detailed findings

Good 

## Are services safe?

By safe, we mean that people are protected from abuse \* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

### Summary of findings

Safety was a primary strength of this organisation. The provider had comprehensive safety systems in place that reached effectively from the board to the operational service teams. In some areas such as information governance and cybersecurity the provider benefitted from the support of the wider Virgin Care.

The systems and culture were such that there was an intrinsic openness and transparency coupled with a strong commitment to learning and reducing the risks of recurrence of errors. Staff were encouraged to take ownership of the monitoring and benchmarking and improvement of their services through the Internal Service Reviews and a strong internal audit programme.

Staff were supported to provide care based on best practice models, to innovate to improve safety and to share local learning widely.

The provider encouraged cross organisation working with staff from different professional disciplines coming together to look at how improvements in safety could be made. There was also a commitment to working externally with other providers, the local authorities and national professional bodies such as the NMC.

Central corporate functions had very well defined roles in holding local services to account and for providing support where there were shortcomings identified. The board and executive directors had very good oversight of how each local business unit was performing from a safety perspective and put measures in place to bring about improvements.

Safety was a key consideration when services were transferred into the organisation or moved out because of changes to the commissioning arrangements. A 100 day plan was created for each new service that supported the acquired service to do things the 'Virgin way' through a thorough assessment of how the service was operating, where improvements were needed and how best to support staff to bring about the necessary changes.

### Our findings

#### Duty of candour

- Staff knew about their duty of candour responsibilities under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which was introduced in November 2014. "The duty of candour is a regulatory duty that relates to openness and

# Are services safe?

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transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

- We saw evidence that the processes for the duty of candour were in place and documented within the incident reporting system.
- The Board were very clear about their responsibilities in relation to the duty of candour and were able to give specific examples of where they had been involved in communications with patients or their families.

## Safeguarding

- We saw the policies for safeguarding vulnerable adults and children, which were in date and referenced national guidance.
- There was a national Safeguarding Adults Lead and a national Safeguarding Children Lead. The national leads provided strategic safeguarding leadership and expertise across the organisation.
- Each business unit had a safeguarding adult's lead and a safeguarding children's lead who reported to the national leads for safeguarding. They in turn reported to the Chief Nurse and Executive Lead for safeguarding. Staff were able to tell us the names of their business unit safeguarding leads.
- There was a national Safeguarding Adults and Children Governance Group that was informed by the Business Unit Clinical Governance Committee and which reported to the national Clinical Governance Committee.
- All business units had safeguarding leads and each team had a safeguarding champion.
- We saw safeguarding was a standing item on every business unit clinical governance team meeting.
- The provider completed annual safeguarding audits and developed an action plan from the findings. There were separate audits for adult and child safeguarding.
- The 2016 combined adult and children's audit focussed on seven areas relating to safeguarding governance including management of complaints, recruitment and whistleblowing.
- This audit showed that all services completed the safeguarding audit and 93% were RAG (red, amber, green) rated green. The audit did not identify any significant concerns or risks across the organisation.

- All staff followed the safeguarding training in line with intercollegiate guidelines of children and the proposed guidance for adults.
- There was evidence that the provider considered and took action in response to national reviews for example the Francis report.
- The provider disseminated information to staff regarding updates and changes to the safeguarding policy. This included information on Prevent duty section 26 of the Counter Terrorism and Security Act 2015, Female Genital Mutilation and the Care Act 2014.
- All safeguarding risks were entered on a risk register and escalated to the national clinical governance committee.
- Staff told us and we observed that they carried out safeguarding risk assessments for all patients under 18 years using 'Spotting The Signs' and when there was any suspicion of abuse of older adults. An audit of Spotting the Signs in October 2016 had shown 100% compliance with the tool.
- The registered manager kept a log of safeguarding discussions and referrals and undertook a monthly review of cases referred to ensure they had been followed up to comply with LSCB policies. Findings from the monthly audit/ review of the log were feedback to staff at team meetings and the monthly Clinical Governance meetings. This ensured staff were able to reflect and learn from their decisions regarding whether a case had been referred on or not and whether they felt the correct decision had been made.
- Staff told us that monthly peer reviews of records also considered whether under 16s had been assessed under Fraser guidance.
- Within four weeks of commencement of employment staff were expected to complete a safeguarding induction checklist, this aimed to familiarise staff with policies, procedures and personnel within the safeguarding team, and identify safeguarding training and supervision needs.
- We found that nursing staff received children's safeguarding supervision.
- For patients aged under 18, the safeguarding risk assessment was completed and decisions were made or further action was taken on the outcome of the assessment. We saw that this risk assessment was completed for all relevant patients in the records we looked at.



# Are services safe?

By safe, we mean that people are protected from abuse \* and avoidable harm

- A good practice checklist was in use in Wiltshire to ensure staff followed appropriate steps if they had a safeguarding concern. This included: ensuring the child or young person was spoken to alone and asked about their views, observation of interactions within the family, if there are other children or parents who could be at risk of harm, ensuring documentation was complete, compliance with child protection procedures and discussion with the safeguarding lead.
- Health visitors had received training in recognising domestic abuse and how to make referrals into the Multi-Agency Risk Assessment Conference (MARAC). Where a health visitor made a referral to the MARAC we were advised that they would prioritise attendance at the relevant meeting to share and receive information. Members of the safeguarding team also attended the MARAC and would likewise inform practitioners of any relevant domestic abuse information that might inform their interactions with their clients.
- Organisational policy was that if a 12-year-old girl used the service then staff would automatically make a safeguarding referral in line with the Sexual Offences Act 2003.
- Staff told us of local support agencies where they could refer patients who were being abused or if they had been raped. These included the local Sexual Assault Referral Centre (SARC).

## Incidents

- There were no never events reported between September 2015 and September 2016 across VCSL. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- The total number of Serious Incidents reported across all VCSL (including prison services) during the period October 2016 to October 2016 was 98.
- The provider monitored the number and grade of incidents through the Quality and Safety Tableau.
- A system and process for reporting of incidents was in place. Staff understood the mechanism of reporting incidents both at junior and senior level. The incident

reporting form was accessible for all staff via an electronic online system. Once reported, managers reviewed the incidents and, where necessary investigated.

- In all business units the clinical lead and clinical governance lead read every incident report personally.
- The overall number of incidents reported had increased over time from 544 in October 2014 to 639 in October 2016. Whilst some of the increase was due to acquisition of services, there was also evidence from individual services that the reporting culture was encouraged an staff in newly acquired service reported increased numbers of incidents in the months after transfer. Services in North Kent (Business Unit 11) had increased the number of reported incidents from 14 in September 2016 to 110 in October 2016.
- The provider undertook a root cause analysis (RCA) of all serious incidents which ensured any failings in care were highlighted and lessons learnt. In Surrey, we reviewed the RCAs for the pressure areas these showed that none were found to be avoidable and there was none attributable to any lapse of care.
- The Head of Quality spoke with all business unit leads weekly. Any incident related communication was sent out only by the Head of Quality using an SBAR tool. The SBAR (Situation, Background, Assessment, and Recommendation) is an effective and efficient way to communicate important information. We were given an example where an incident relating to the cleaning of peak flow meters was investigated and disseminated centrally to all services within VCSL. Operational staff were able to tell us about the specific incident and the changes that had been made.
- The provider undertook regular local audits of incidents. The results of the January 2017 audit in the Surrey community team showed that 100% of incidents were reported verbally to senior person on duty, that a preliminary investigation was conducted in 83% of cases. This showed there was a good culture of reporting incidents.

## Safety Performance

- VCSL had very robust systems for monitoring the safety performance of individual teams based on an electronic central Clinical Governance RAG Scorecard. Teams were required to submit data monthly. The scorecard was used to inform business unit clinical governance meetings and to drive improvements. Across the

# Are services safe?

By safe, we mean that people are protected from abuse \* and avoidable harm

organisation scores were sustained above 83%. Surrey Community Care and Rehabilitation team had a sustained score of over 90% in the year preceding inspection. The Eastern area services (Business Unit 5) had sustained scores around 95% until new services were taken on when the score dipped.

- There was clear evidence of the provider improving services. In East Staffordshire, the service was RAG rated at 52% when the service had first been acquired in May 2016. By October 2016 the RAG score had risen to 69% and the data demonstrated a month on month improvement as opposed to a sudden peak.
- In Luton Intermediate Care Service there was a steady rise in RAG score from a low of 75% in July 2016 to 93% in February 2017.
- RAG scores were based on comprehensive key performance indicators such as whether the safeguarding and infection control audit plans had been updated. It also included scores around whether agency and locum staff had received peer review in accordance with the clinical practice policy.
- Across VCSL there were no unexpected deaths outside of the prison services between May 2015 and October 2016.

## Assessing and responding to patient risk

- We found that nurses undertook risk assessments during their consultations. Staff told us all women attending for an appointment were asked about domestic abuse as part of their assessment. Other risk assessments included Spotting the Signs for patients under 18 years and all patients were asked about risk taking behaviour such as smoking, drugs, alcohol and unprotected sex.
- There was a training and development team who were responsible for providing training to ensure staff had the correct skills to treat children. We observed a clinical skills training session for seizure management where seven people attended, six people were external to the organisation and from schools where children were based, and one was internal who was a community support worker from the continuing care team. Following a training presentation each trainee was assessed in practical situations using mannequins and situations were made specific to the child the person cared for. The Virgin Care employed trainer was clear

about how to handle different situations and discussed how to assess and respond to different risks which may present, providing questioning and challenge to the trainees.

- Health visitors undertook assessments of children at all stages of early development in line with mandatory requirements, they also conducted assessments at the request of concerned parents where a parent was concerned about a child's possible developmental delay. We saw how a health visitor visited the family at home to hear of those concerns and undertake an assessment that could better inform a potential referral to speech and language services or a paediatrician. When the assessment could not continue due to the child and their sibling becoming upset, the health visitor made a repeat appointment with the parent at the next available and convenient time and location. This is important work to identify need at the earliest opportunity so potentially vulnerable children are appropriately assessed and signposted to therapeutic interventions where necessary, but also to support concerned parents and carers.
- Health visitors routinely made clients aware of the Wiltshire Improving Access to Psychological Therapies (IAPT) service and appropriately referred clients with gained consent. The short term interventions offered by the service included; psychological therapy in relation to low mood, depression, social anxiety and stress. This was offered to mothers who might be living with short term psychological disorders following birth.

## Records

- Patient records were a combination of electronic and paper based. Where services were provided from healthcare premises, the staff had access to the patient record system and could enter information contemporaneously.
- Where staff were delivering services from outreach centres or in the community, patient information and assessments were entered onto a paper record. Staff told us that the nurses entered the patient details and reason for contact / treatment codes onto the electronic system when they returned to base. However, it was apparent that the full record was not entered onto the electronic record system.

## Medicines



# Are services safe?

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- VCSL had a Chief Pharmacist who had overall responsibility for the oversight of medicines managed by operational staff.
- They were supported at national level by two deputies with differing remits.
- The National Quality Pharmacist was responsible for medicines management policies, education and competency, and medicines management practice.
- The National Development Pharmacist was responsible for procurement and relationships with preferred providers, for mobilisation of new services where there was medicines optimisation with a 100 day plan from the time services were acquired.
- The development pharmacist was working to reduce the number of preferred providers from 60 to less than five to streamline medicines provision across the organisation.
- Each business unit had a designated lead pharmacist that was responsible for the safe handling of medicines in their region. They were line managed by the Chief Pharmacist.
- Each business unit had a Medicines Management Group that was operationally based and had representatives from all staff groups. This group escalated concerns to the business unit clinical governance meetings which had a direct link to the Medicines Optimisation Committee.
- An Annual Medicines Management Audit was undertaken with over 250 questions about how the services were providing medicines within their team. Any outlier teams identified through the audit triggered a review at business unit level and also as the national Medicines Management Committee.
- A medicine administration record chart audit from September and October 2016 looked at 161 patients' charts from 14 separate bases/hubs across Surrey community nursing, out of hours (OOH's) and rapid response. All types of medicine administration charts were included. The audit detailed location specific detail and gave clear outcome and action plans. For example, nurses should ensure when a medicine with a variable dose range was administered, the actual dose given should always be recorded on the chart. This ensured patient safety and allow for continuity of care when another healthcare professional visited the patient.
- The Medicines Management Education Programme was accredited by the Royal Pharmaceutical Society. It consisted of a blend of practical, competency based workbook and online learning.
- When VCSL acquire a service a medicines audit was undertaken within 100 days of acquisition to establish a baseline for that service. An action plan was then created and monitored at business unit level. All staff were asked to complete a medicines competency assessment.
- The Chief Pharmacist was the accountable officer for controlled drugs at the time of the inspection but the organisation was moving to a more local model where business unit pharmacists were accountable officers for their region and attended the local controlled drug network.
- There was a Controlled Drug (CD) Management SOP. Controlled Drugs are medicines liable for misuse that require special management. The SOP provided guidance regarding the management of CD's within the community. For example, the policy stated that CDs held in the patient's home remain the property of the patient and as such, the patient and/or their carers were responsible for the storage of these medicines.
- For the administration of any controlled drug for a patient in the community, the visiting registered nurse was responsible for ensuring the maintenance of a full and accurate record of drugs given, balance reconciliation and advice on appropriate storage. The CDs stock chart was held in the patient's home records and maintained by the visiting registered nurse. The stock balance chart was updated each time a CD was used or received.
- The provider's Patient Group Directive (PGD) Policy set out explicitly how any PGDs were to be produced. All PGDs were drug specific and based on NICE guidance. They were produced by the lead pharmacists and service lead working together. A draft PGD was sent to the lead Clinical Commissioning Group for the business unit for sign off.
- Information and learning from medicines related incidents was shared from the corporate team via the business units, which included input from community staff, and information was cascaded to community staff. For example, we saw in meeting minutes community

# Are services safe?

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staff were no longer permitted to carry adrenaline in their car. The medicine was now stored securely at the community bases and collected at the beginning of each shift by staff.

- The service dispensed prescriptions for, antibiotics and contraceptives.
- There were two nurse independent prescribers within the service. The manager told us that nurse prescribing practice was peer reviewed within the service.
- Other nurses administered contraception and antibiotics under Patient Group Directions (PGDs). There was a process in place to ensure nurses were signed off as being competent for each medication and this was signed off by the lead nurse.
- We found liquid nitrogen was stored and handled safely and correctly. Staff had received training regarding this.
- Four active patient group directives (PGDs) were used for Wiltshire Children's Community services for the administration of vaccines. PGD's are written instructions to allow clinical staff other than doctors to prescribe, supply and administer medicines to patients directly. We reviewed a sample of three completed PGDs which were appropriately documented and signed.
- Immunisation nurses were trained in the use of PGDs. PGDs related to three vaccines that were in use: meningitis, human papilloma virus, and low dose diphtheria/tetanus/inactivated polio. All PGD's were produced by Public Health England and then ratified by a local PGD group. Staff were able to explain the guidelines they had to follow to ensure the safety of children receiving vaccines.

## Staffing

- The provider had invested a large sum in the People Flourish programme to help support staff to transform services, to improve team working and reduce sickness absence. To date 20% of the workforce has been trained and completed the four modules. The programme has saved £160,000 in recruitment costs in a few months as a result of lower staff turnover.
- Staffing was planned in line with service specifications and service activity. Consideration would be given to the National Institute for Health and Clinical Excellence (NICE) safer staffing community guidance when published. For example the school nursing caseload weighting was based on number of schools, the population, mileage and safeguarding requirements for

children. A caseload weighting tool was also used in the health visiting service reflecting geography and transient population, this allowed staffing levels to be safely adjusted to ensure appropriate staffing.

- Vacancies, high caseloads and challenges with recruitment were regularly seen on service level risk registers. The risks within the delivery of school nursing service and community paediatrics was included on the business unit risk register as this was a higher level risk.
- Large caseloads were included on the risk register for speech and language therapy. Actions were being taken to recruit and regularly review capacity levels. Bank or agency staff were used to fill gaps in staffing to meet the demands of caseloads.
- In some services there was heavy reliance on agency and bank staff to fill shifts. This posed a risk of lack of continuity of care and staff working in unfamiliar environments.

## Mandatory Training

- Mandatory training consisted of 12 different modules and was a mixture of on-line training and face-to-face learning. Subjects undertaken included safeguarding adults, fire awareness, manual handling, information governance and infection control.
- VCSL target for mandatory training compliance was 85%. Data showed high levels of compliance amongst all staff groups. For example, community nursing 96%, Milford Diagnostic And Treatment Centre (DATC) 97%, Farnham DATC 94%, rapid response (RR) non clinical 94%, RR clinical 83%, community rehabilitation team 97% and speech and language 100%. In the sexual; health services the compliance rate was also 100%. This showed that all staff groups were in line or above the VCSL target.

## Managing anticipated risk

- The provider recognised that it was difficult for staff to leave work and attend briefings and workshops. The Quality and Clinical Effectiveness Lead (QCEL) built on the work of the acute sector safety huddles and introduced Quality and Patient Safety Briefings where they visited teams and talked with them about incident reporting, the details of information needed and feedback mechanisms. Discussions took place about the effectiveness of safety alerts, the Freedom to Speak Up guardian and staff safety. The QCEL had visited 180 staff to date.

# Are services safe?

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- Staff in Surrey Heath raised concerns about lone working when the contract was changed to provide 8am until 8pm care, which meant staff were working alone in the dark during winter. The provider changed policy to allow staff to visit in pairs when it was dark. Staff were sent reminders about the organisation's Lone Working Policy and guidance from the Royal College of Nursing about working alone.
- All staff were required to complete conflict resolution training. Data supplied to us showed that compliance varied between 83% and 100%. Only two staff groups were below the VSCL target of 85% compliance these were both clinical and non-clinical staff in the rapid response and rehabilitation team.

## Major incident awareness and training

- Each service that we inspected had a business continuity plan to be used when events occurred which interrupted or compromised their service. Staff knew what these plans were and were able to give examples of when they had been used. For example, mobile workers recounted examples of how they maintained the service during adverse weather events such as snow affecting the local road transport system.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Summary of findings

The provider ensured care and treatment was provided in line with national and best practice guidance. Clear and explicit guidance was available to staff through corporate and local policies, standard operating procedures and patient group directives.

Staff were encouraged to take responsibility for assessing and monitoring the services they provided. There were extensive and well developed opportunities for benchmarking, peer review and accreditation. Corporately the view was very much that the staff running and working in a particular service were best placed to understand shortcomings and bring about improvements. Participation in national and local audits was encouraged and resourced.

The provider had strong human resources support and effective systems for checking staffs suitability prior to employment. Qualifications were checked prior to appointment and revalidation was supported and monitored for professional staff.

Learning was given a high priority. Staff were encouraged to acquire new skills and to broaden their knowledge. Staff learning needs were discussed and a development plan was created as part of the annual appraisal. There was significant financial investment in staff learning.

Consent was obtained and recorded in line with best practice guidance. Staff generally had a sound understanding of the guidance and legislation around consent./

However

Not all staff had completed mandatory training in the Mental Capacity Act 2005. Compliance rates were below the 95% target set by the provider.

Not all Do not attempt cardiopulmonary resuscitation (DNACPR) forms were completed in line with best practice guidance.

- All Staff had access to up to date policies and documents through Jam, which was the VCSL intranet. We spoke to staff who found this extremely useful and informative. Staff were also informed of up to date changes in guidance through weekly newsletters and team meetings.
- There was evidence of staff working to the Gold standard framework (GSF) an evidence-based approach to optimising care for patients approaching the end of life. There was evidence of early referral and introductory visit by one of the district nurses and we saw patient records that corroborated this.
- Any changes to national guidelines, for example National Institute for Care Excellence (NICE) guidelines, were discussed and disseminated to staff through the Clinical Audit Committee and Information Government (IG) meetings. We saw minutes from these meetings in which changes were documented. We also saw guideline changes were a regular item in the agenda.
- Central Alerting System (CAS) information was, cascaded through a Safety Alert Management system, which tracked responses to alerts. CAS is a web-based cascading system for issuing alerts, important public health messages and other safety critical information and guidance to the NHS and other organisations, including independent providers of health and social care. There was an audit tracker, which captured all NICE guidance, quality standards and technical appraisals. NICE baseline audits and action plans were also embedded into the tracker.
- Speech and language therapy services used evidence based guidance and research to deliver communication approaches. These included narrative therapy, the Derbyshire language scheme, colourful pictograms and intensive interaction Hanan programmes. Staff were aware of guidelines from the Royal College of Speech and Language Therapists for example guidelines on working collaboratively and involving the family and the child, and research and discussions for care pathways. In the speech and language therapy team, one member of staff was allocated two sessions a week to look at current research to ensure the service was up to date.
- Relevant and current evidence based guidance; standards, best practice and legislation were identified and used to deliver care. Health visitors gave information to families in line with the Department of Health guidance to reduce sudden infant death syndrome and the NICE Quality Standard, such as

## Our findings

### Evidence based care and treatment

# Are services effective?

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quality standard 37 safer infant sleeping. The latest research was discussed regarding the use of pacifiers (NICE CG 37), immunisations World Health Organisation and NICE guidance (QS37) on the benefits of breast-feeding, smoking and car seat sleeping. We saw how the health visitors discussed with their clients that this was so they could make informed decisions.

- Care of a looked after child was delivered in line with NICE guidance (Public health guideline 28) recommendation 16 and 17. We attended a home visit and saw how the child's development was monitored and assessed. We saw how the foster parents were supported by the health visitor and attachment issues were discussed.
- Advice was given in line with latest NICE clinical guidance for post immunisation administration of medication. For example, the health visitor advised not to routinely give paracetamol and ibuprofen to prevent fever at the time of vaccination. However, if post immunisation pain and fever developed then it was safe to do so and a new mother was advised to purchase child paracetamol and have it ready in case it was required.

## Patient outcomes

- Virgin Care Services Limited could demonstrate through documented evidence that following acquisition of services, they had managed to bring about a sustained, significant improvements to patient outcomes. The Clinical Governance RAG rating score for Wiltshire services, acquired in June 2016, had improved month on month from 45% to 85% in an eight month period. Similar patterns of improvement could be seen for other acquired services. Some more established services sustained scores of over 90% with North East Lincolnshire scoring 100% over the reporting year.
- A pilot Mortality review had been undertaken between July 2016 and August 2017 in response to a national report into the deaths of people with learning difficulties or mental health difficulties in an NHS trust. Zero attributable harm was identified through the review but the provider is widening the pilot review and establishing a mortality reporting database.
- We saw evidence of a core audit programme, which included Infection control, medicines management, safeguarding, hand hygiene, and health and safety. We saw that the audits were based on nationally recognised

tools, for example, the clinical records audit was checked against the Healthcare Quality Improvement Partnership (HQIP) tool, the best practice recommended tool.

- Hand hygiene and safeguarding audits showed 100% of services completed the audit and monitored actions for improving the outcomes.
- The service recently undertook a piece of work to identify the highest hospital admissions from care homes. Once these had been identified, the community nurses went into the homes to offer training and make care home staff aware of the services they offered to try and reduce hospital admissions. After 500 hours of training was provided the provider could demonstrate a 57% fall in the incidence of pressure ulcers within care homes.
- The introduction of a new Pressure Ulcer pack and the use of a specialist SEM scanner to reduce the incidence of pressure damage in community hospitals resulted in a 95% reduction in pressure wounds during the test period.
- Virgin Care Services Limited (VCSL) participated in five national clinical audits from 2015 to 2016. Within Adult Community services these included Healthcare Quality Improvement Partnership (HQIP) and Chronic obstructive pulmonary disease (COPD) audit. The COPD audit was supported by the Department of Health (DH) with the aim to improve the quality of services for people with COPD by measuring and reporting the delivery of care as defined by standards embedded in guidance.
- Outcome measurements used by the service included; increasing the number of positive partners through the service for treatment, reduction in teenage conception rates, an increase in Chlamydia detection rates and screening of the 15-24 year old population. The service also monitored results management, treatment of patient within two weeks and treatment of partner(s) within four weeks.
- The Public Health England Partner notification audit 2016 showed that the North East Lincolnshire service achieved or exceeded all standards.
- The service monitored the uptake and removal of Long Acting Reversible Contraception (LARC) implants and had noticed an increased rate of removal within one year. The rate in 2014/15 was 26% (the expected rate was around 20% removed due to side effects). The service had looked closely at reasons for removal, the



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counselling given before implant fitting and the methods used to control side effects. Actions taken to improve the premature removal of implants included; a redesigned consent form to ensure all possible side effects were covered in consultation and counselling and that patients were made aware that there was an expectation that an implant was retained for at least 12 months unless side effects indicated removal. Patients were also given a pre-counselling session before fitting to ensure they fully understood the side-effects and expectations that this was a long term contraceptive method (1-3 years). The actions resulted in a significant decrease in the rate of early removal; ranging from 17% to 3% from June 2016 to December 2016.

- The service benchmarked the delivery of the Healthy Child Programme by comparing performance to regional and national data sets. The data we reviewed for quarters two to four 2016-2017 were as follows: new birth visits were above regional averages but slightly below national averages. Six to eight week visits were below national and regional averages. One-year review (by 12 months) had improved and in quarter four was 74.9% which was above the regional but slightly below the national target of 75.3%. One-year review (by 15 months) remained below regional and national averages. Two and a half year reviews remained consistently below national and regional benchmarking data.
- We received data for breast feeding prevalence at six to eight weeks after birth from September 2016 to February 2017. When we compared the data sets to the England average of 43.2% they were consistently above this national average.

## Multidisciplinary working

- The Grimsby service had initiated local multidisciplinary teams working to produce information sharing and care / referral pathways regarding unaccompanied asylum seeking children (UASC) and FGM to learn from their experience and ensure there was a holistic multi-disciplinary approach to caring for these children in the future.
- Staff told us that the service delivered training to local GPs and school nurses regarding genito-urinary medicine and contraception. The service provided master-classes and engaged in the local implant-fitting forum.

- We found the family nurse partnerships engaged well with partners across the health landscape, including health visitors and midwives. Where, for example, a young expectant mother was identified by a GP, psychologist or midwife, at the pregnancy booking stage, then they could, with consent, be referred to the service using a recently developed referral form. This included provision for the person making the referral to identify if the young person had made other family members aware of the pregnancy, if they were subject to child protection measures, are there any identified mental health issues and who does the young person currently live with. This information is important for the family nurse partnership to engage well with the expectant mother at an early stage and be aware of any issues that might otherwise affect engagement with them.

## Competent staff

- Staff were recruited safely; we reviewed staff files and saw they contained references, photographic identification, copies of certificates, Nursing and Midwifery (NMC) registration validation and disclosure and barring service (DBS) checks.
- New starters used a Book of Service Standards (BoSS) for community nursing. This was very detailed and covered information such as organisational structure, the Virgin Care vision and goals, common processes, standard operating procedures (SOP), information governance guidance and professional service standards.
- New starters to VCSL confirmed they had attended an in house orientation and a period of shadowing to ensure they were comfortable and confident. This shadowing period was determined by on an individual basis. One new community nurse explained how they had first shadowed other community nurses, and then performed care under supervision before being allocated their own caseload. This had made them feel supported and helped build their confidence.
- The Human Resource (HR) department used an electronic staff record (ESR) that linked to the General Medical Council (GMC) and NMC registration sites. The provider produced a report from this, twice monthly, to identify when registrations were due to lapse. Staff were sent a reminder three weeks prior to the date and then a further two reminders if confirmation of re registration was not received. We were told in the event a

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registration had lapsed, staff were employed as health care assistants (HCAs) until they had renewed their registration. All staff we spoke with told us there were training opportunities available and they were supported to develop. They gave us examples of education and training they had recently completed. This varied from support to undertake non-medical prescribing courses and master's level study, to clinical education such as completing a diabetes module or training on dementia and implementing the butterfly scheme.

- All registered nurses were dual trained in sexual health and contraception to be able to provide integrated sexual health as a 'one-stop shop'. They were accredited with the University of Hull in sexual health and family planning.
- Training included the Faculty of Sexual and Reproductive Healthcare's (FSRH) electronic Knowledge Assessment (eKA) which assesses a candidate's theoretical clinical knowledge. The assessment involved a self-assessment of knowledge and skills, which was then confirmed and signed off by the line manager.
- Staff involved with 'Results Management' had received training to do this.
- The senior nurses were also on a rolling programme to undertake a partner notification course.
- Some of the administration staff had completed a diploma in Healthcare and received training in sexual health and contraception, to enable them to take on Healthcare assistant duties. Staff who had done this told us it increased their role and had led to more variability and job satisfaction. Managers told us this helped develop talent and had helped with skill mix and staff utilisation.
- All the staff we spoke with said they had appraisals with their line manager that were meaningful and useful and had objectives set and training needs identified. We saw 98% of staff were up to date with their appraisals in community nursing and rapid response and all staff had received appraisals in wheelchair services.
- The majority of the staff we spoke with told us they had monthly one to one meetings with their line managers. We were told there was an open door policy if staff had any queries or needed extra support.
- The services encouraged staff to undertake clinical supervision. Clinical supervision is a formal process for professionals to review and reflect on the clinical practice.
- A clinical supervision audit took place in December 2015 and December 2016. In 2015, it was identified that the hospital was falling below targets for attendance at training for clinical supervisors, with a target of 80% and only 75% attending. This was identified as an action plan for improvement. In 2016, this had improved to 100%. This showed that the action plan after the 2015 audit had been successful. Staff we spoke with confirmed they had received clinical supervision and found it useful.
- From April 2016, all registered nurses are required to revalidate with the NMC in order to continue practising. Registered nurses told us they had received support from the organisation and could demonstrate a good understanding of the requirements needed. Minutes of team meetings showed it was regularly discussed.
- The VCSL Chief Nurse had met with the NMC and was a Council member of the Royal College of Nursing and this had allowed an early understanding of the revalidation process.
- The registrants revalidation status was checked as part of the annual appraisal.
- Competencies were checked by senior staff throughout all band levels. For example, band three Health support workers (HCA) had competencies checked by band six nurses and band six were monitored by band sevens.
- There was a training team who delivered regular training sessions to those who worked with children with complex health care needs. This was delivered to community support workers as part of the continuing care team, new nurses, student nurses and carers. They were provided with a comprehensive induction programme including clinical skills and competencies and their professional accountability. Training included anaphylaxis, seizure management, enteral feeding and respiratory. For non-registered Virgin Care staff within the continuing care team competencies were signed off by the training team or nurses once staff demonstrated their competency in the area. Between 1 April 2016 and 31 March 2017 the training team delivered 277 seizure sessions, 75 anaphylaxis and severe allergy sessions and 172 enteral feeding sessions.
- The service told us the health visitors were given annual updates on the 'health needs of Looked After Children (LAC)'. These updates were run as bi-monthly sessions which allowed for new starters to attend. Attendance was monitored and reported centrally by the LAC designated nurse. Sessions covered:

# Are services effective?

Good 

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- Health needs of LAC
- Health needs of asylum seekers
- Sexual health assessments
- Undertaking holistic health assessments and care planning and use of appropriate tools

## Access to Information

- Staff told us that they transferred patient information to the electronic system on return to the main site. However, they told us that the only information transcribed was patient details, treatment codes and any safeguarding concerns. This meant that the full patient record might not be available if a patient attended a different centre for a subsequent appointment. The managers were hoping to overcome this issue by purchasing laptop computers or tablets for staff working at outreach centres. This issue was on the service risk register.
- There remained a challenge across health services in Wiltshire to ensure that children, young people and parents and carers only have to tell their story once. The use of IT across multi-disciplinary services remains limited with a heavy reliance on paper records. This meant that some information might not be easily shared in an efficient and timely manner and there was the potential for records to be fragmented and incomplete. Practitioners we spoke with told us that they are aware of parents, carers and indeed children and young people telling them of their frustration that they sometimes have to tell their story or circumstances more than once when being provided with care and support by those multi-disciplinary teams. It is hoped that the implementation of better IT services across Virgin Care Services will negate this need.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff we spoke to were aware of Fraser guidelines to obtain consent from young people regarding treatment such as contraception. Staff told us they completed a form within the electronic record when assessing Gillick competence for patients under 16 years.

- Staff understood their requirements of relevant legislation and guidance including the Mental Capacity Act 2005. Staff also demonstrated good knowledge of the Deprivation of Liberty Safeguards (DoLS).
- We saw staff were up to date with Mental Capacity Act training. We were told this included minimal restraint guidance and focused on the patient's best interest, in-line with national guidance and legislation. Across Business unit 4, 95% of staff had completed mandatory training for MCA in community nursing in February 2017. In rapid response and rehabilitation, the compliance ranged from 100% to 86% with an average of 95% having completed the training. All of these set against a target of 95% meaning the targets were being met.
- In Business unit 4, we observed a discussion around a patient's capacity in a MDT meeting, which involved community nurses, dietician, mental health team and social worker. It enabled a wide view on one patient's situation and enabled a quick decision to be made as to how the whole team were to proceed.
- We heard about a recent example where the best interests of a patient had been assessed which allowed medication to be given whilst a patient was asleep to minimise the distress. Whilst the community team were involved in the process, several teams assessed the patient before the decision was made.
- One set of patient notes showed evidence of discussions held with family at the final stages of the patient's life. The patient had capacity and the Do Not Attempt cardio Pulmonary Resuscitation (DNACPR) form was completed appropriately. The DNACPR form was in keeping with the patient's wishes and best interest.
- However, we checked a further six DNACPR forms of patients under the care of business unit 4 community services and found the standard of completion was variable. Three were fully complete, two lacked adequate information and rationale and one form had not been reviewed for five months. Therefore not all notes were in line with the guidance about decisions relating to cardiopulmonary resuscitation.



# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Summary of findings

Feedback from patients and their relatives was continually positive. We received very, very few negative comments from patients either through direct conversation or on written cards posted in our comments boxes.

Staff treated people with dignity and respect. They used their preferred form of address, knocked and waited before entering rooms or patients' houses, ensured patients remained covered as far as possible whilst treatment was being provided and involved patients in making decisions about their care and treatment.

VCSL provided a range of support for carers through their carers club and resources on their website.

- Across VCSL, 97% of patients would recommend the services to family and Friends (FFT)
- The Motor Neurone Disease team from Farnham had been presented with the 'Extra Mile Award' by the MND association for their "Exceptional care of people with MND".
- The feedback about care received for the children and young people services was excellent. Children, young people and their parents or carers spoke about how they were treated with respect and dignity and that staff were very friendly, warm, caring and professional.
- There was a robust, visible person-centred culture. Staff within the children and young people teams always focused on the needs of children and young people and put them at the heart of everything they did. Children, young people and their parents or carers told us they were fully involved in their care and treatment. Relationships between people who used the service, those close to them and staff were strong, caring and supportive.

## Our findings

### Compassionate care

- Staff demonstrated an understanding of the importance of treating patients and those who were important to them in a caring and sensitive manner.
- Across all services we saw staff treat patients and relatives with kindness and compassion. Staff were polite, calm, patient and responded to patient's questions
- Staff adapted their assessments and treatments to meet the individual needs of each patient. For example, there were times when certain standardised assessments might not be appropriate. We observed this during our inspection with an interaction between a member of staff and a patient living with dementia. The staff member treated the patient with empathy and went the extra mile to ensure the patient understood and gave them unlimited attention.
- Staff treated patients with privacy, respect and dignity and this was seen when they protected patients from cold and exposure, using blankets to maintain dignity. In the clinics, the curtains were drawn and doors closed to ensure privacy. Staff knocked on doors before entering.
- One relative of an end of life patient was overwhelming positive about the community team that had supported them describing a caring and sensitive approach by all members of the team.

### Understanding and involvement of patients and those close to them

- Staff did not use jargon when speaking to patients to ensure they understood what was happening and explained equipment and the process before carrying out procedures. Staff took time to explain what they were going to do and adopted this to a way the patient would understand.
- We saw staff involved patients and their families in planning care and treatment. Staff caring for patients with life limiting and long term conditions discussed the individual needs with patients and developed the best and most effective plans for addressing their needs in partnership with patients and their relatives
- In community services, we saw individualised advance care plans in patients' homes, which reflected the choices and preferences of the patient. Advance care planning was the process of discussing and documenting the patient's wishes for future care, which enables health professionals to understand how the patient wishes to be cared for.
- In Wiltshire, staff recognised how some of their clients were socially isolated and we saw how they were given information and encouraged to attend local groups such as breastfeeding and mother and baby groups. Health visitors and community nursery nurses (CNN) also identified that extra visits may be required should

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

that client have limited communication skills, or find it difficult to access local clinics. The health visitors encouraged fathers to be involved with all aspects of care and discussed with them how they could sign up to an app specifically for fathers business

## Emotional support

- Personal, cultural, social and religious needs were addressed. Staff we spoke with were aware of their patient's specific needs such as those with religious beliefs.
- We saw a November 2016 leaflet, which detailed a description of the advocacy work the service provided and other advocacy services provided by VCSL.
- VCSL had a variety of resources available for carer's. For example, they could refer a patient to the local County Council for advice, information and support, or to request a Carer's Needs Assessment.
- VCSL had a website with advice for both carers and staff. It included a carer's guide, a carer's awareness workbook for staff and benefits for carers.

# Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

## Summary of findings

Services were planned and delivered to meet the needs of individuals and were delivered to ensure flexibility and continuity of care. Staff were encouraged to innovate and design a local response to local needs. Successful local pilots were sometimes rolled out across the organisation.

There was a proactive approach to understanding the needs of different groups and we saw several examples of where local services had adapted to meet the needs of the local community and specific groups (such as asylum seekers accessing sexual health services).

Complaints were few but those received were well managed with corporate oversight, senior management response and local service delivery teams involvement in the investigation and resolution. Local resolution at an early stage was encouraged.

However,

The provider had recently ratified a new Dementia Strategy and this needed further time and work to become fully embedded in practice.

company. There remained, however a view that some services were best kept at local level with national support. This included business unit based human resources staff and IT engineers and finance staff.

- All acquired services went through a robust assessment process to enable staff to work within the VCSL framework and to VCSL policies. Support and guidance was provided throughout the transfer period.
- Local staff were encouraged to have ownership and to be involved in service planning to meet the needs of their local community. Hastings MSK staff, for example, had been supported to offer a 'Multiple body part' clinic' which reduced the need for several appointments and allowed the staff to consider the problem from a more holistic perspective.
- All community nursing services operated for 365 days per year and managed long-term conditions, provided support and education to individuals to self-care, technical care within the community setting and provided care at home to avoid unnecessary hospital admission.
- We were given several examples where the service in Surrey had worked with the local commissioners to increase the service offered. The community matrons provided support to care homes across Surrey to reduce hospital admissions and improve the quality of care for people living in care homes. Systems in place included the assessment of unwell patients, advising on management of long-term conditions and training of staff in care homes. Homes had an identified matron who they could contact for advice and referrals to the integrated care team. Education provided included pressure care, catheter care, end of life care and malnutrition.
- Community matrons were available to co-ordinate the care of patients with long-term conditions who required advanced nursing care management, thereby improving quality of life and reducing unplanned use of services avoiding unplanned hospital admissions.
- Staff were able to schedule appropriate time for each patient dependent on their needs, and understood when more time was needed adjustments could be made to ensure appropriate care was given. For example, more time could be allocated to more complex patients, which allowed for any unexpected circumstances.
- The provider led pathway redesign in Luton Intermediate Care Rehabilitation Service to ensure clear

## Our findings

### Service planning and delivery to meet the needs of local people

- Corporately there was a clear business plan and model for how the provider wanted the service to grow and develop moving forward. At the time of the inspection there were significant changes to the contracts with CCGs taking place. Some services were being acquired and others were being transferred to other providers as contracts were split. These arrangements are outside the remit of this inspection.
- Where services were acquired or due to transfer out, the provider had a very clear 100 day planning process to ensure a seamless transition for staff and patients.
- Some support services were centralised and benefitted from the resources of the wider Virgin Holdings parent

# Are services responsive to people's needs?

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criteria was set and waiting times were reduced.

Facilitating change results in a reduced length of stay for from 53 to 38 days. The service redesign enabled the staff to see 129 patients in the year April 2015 to March 2016, which is much better than the CCG target of 45 patients

- The service worked with 'Positive Health' to provide training and raise awareness for to help make the service more accessible to gay men. Managers told us that one of the aims of the improved website/ virtual hub was to make accessing the service easier for anyone who may feel stigmatised because of their sexual orientation.
- The 'Virtual Hub' online appointment system and out of hours telephone advice and appointment line had been introduced because of patients requesting a 24 hour, seven day appointment and advice service.
- The 'you said, we did' scheme evidenced examples where the service was responsive to the needs of people using the service. It was used to review feedback ('you said') and then make changes to the service ('we did') based on this feedback to improve. For example a health visitor morning clinic was moved to the afternoon due to changes to the venue, this was not popular for people using the service and as a result a new venue was sought. Another example was a family requested their community nursing appointment would be best in a clinic rather than at home as this was easier for them, this was arranged and provided with a joint appointment with speech and language therapy. There were numerous examples of how different services were flexible to meet the needs of people.
- A challenge for the LAC team was the increased number of unaccompanied asylum seeker children coming into the area, who required universal blood screening. This was based on the requirement from the Kent dispersal team who had responsibility for the children. There was a recognised need to develop a robust pathway to engage with GPs in the blood screening process and further ensure that a future plan was in place once the screening results were received so that continuing care could be provided and roles and responsibilities clearly defined.
- Planned appointment times were designed with people's needs in mind. For example, patients under 18 years were allotted longer appointment slots to allow for risk assessments to be completed and safeguarding needs to be considered.
- Patients could request that clinic staff made anonymous contact calls on their behalf if sexually transmitted infection test results were positive.
- One of the HCAs told us she delivered sexual health education to a variety of groups including; a young mother's group, and had also attended a group for people with a learning disability to help the group mentor answer any questions relating to sexual health.
- The service worked closely with advocates and community workers to ensure street workers could easily access services. The service was aware of the 'Ugly Mug' scheme which was a multi-agency scheme to protect vulnerable women from aggressive, suspicious or predatory males and staff told us they would report or support women to report any concerns.
- We spoke with a specialist tissue viability nurse who was available to advise and assist patients. Community teams were able to refer to the specialist for assessment and advice.
- Patients and their families were involved in the planning of services they required. For example, we saw a patient who was able to decide when a treatment enabling him to receive nutrition was implemented, empowering him to make decisions at his own pace.
- Staff we spoke with were aware of the need to obtain interpreting services when required and could describe the process for doing so. This meant that staff could communicate effectively with all patients where English was not their first language.
- Staff had access to translation services on their electronic devices that could be used by patients.
- Staff could access information leaflets in other languages if needed and we saw information on the back of patient information leaflets signposting patients to these.
- A leaflet for people with Parkinson's disease was created to promote attendance at group therapy sessions for speech and language support. The leaflet had been translated into Nepalese, Hindi and Polish to reflect the linguistic culture of the local population.
- Breast screening leaflets had also been adapted and translated into Nepalese to encourage women from the local community to attend.

## Meeting needs of people in vulnerable circumstances

# Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

- Physiotherapy staff tailored exercise programmes to meet individual needs taking in to account age or disabilities. This meant, for example, that those patients who were wheelchair users could still participate in the recommended exercises or programme.
- There was a variety of equipment available to meet the needs of patients with a high body mass index (BMI). For example, specialist bariatric wheelchairs were available.
- During our inspection we observed a patient requesting a smaller zimmer frame as their one did not fit into their bathroom, this was delivered to the patient the next day.
- At the fast track meeting we saw an example where, because of age, a patient had requirements that were considered and the package of care to support that patient was adjusted accordingly.
- Flexibility was offered to patients who were outside of their normal place of residency to receive appropriate care.
- A recent Dementia Strategy was created from listening to stories of people affected by dementia, reviewing innovations in place with other providers nationally and staff consultation. The provider had set up a Dementia Community with people from across the services with a dedicated page on the intranet signposting staff to resources. The group had reviewed the screening tool and training programme and there was a current recruitment programme for dementia champions from within the staffing complement and an audit across services to ascertain how Dementia Friendly the services were.
- A team of knitters had been recruited to knit 'a type of sensory handmuff that provided a source of tactile and sensory stimulation for people living with dementia.
- Patient-led assessments of the care environment (PLACE) put patient views at the centre of the assessment process and areas included privacy and dignity, cleanliness, food and general building maintenance. In addition, the building's suitability for dementia sufferers who sometimes have difficulties with identifying contrasting colours such as doors and door frames unless these are clearly marked. Scores for dementia in Farnham, Milford were better than the national average of 75% with results of 80% and 76%.
- VCSL have committed to supporting John's Campaign, an initiative championed through the Carers Forum to allow family carers the right to stay with their relative who is living with dementia, when they are in hospital.
- There were plans in place to create an information pack to be given to all patients at the point of diagnosis. Three pilot projects were taking place including an Ageing Well Hub in partnership with Age UK, which provided a single point of access to staff at Virgin Care to access advice and support, links to community transport and continence services, an advice line and out of hour's service and an entertainment library.
- We heard and saw evidence about a new initiative that had been designed by a staff member who recognised that patients were often confused by the number of people who were caring for them and how to contact them if they needed help or advice. A simple document which outlined the roles of different services such as district nurses (DN), out of hours (OOHrs), Marie Curie, Hospice, palliative care teams and GPs and provided contact details for each service. Direct phone numbers could also be filled out by the district nurses as and when a patient was allocated.
- The provider had a carers club with a website that signposted people to other resources. Tea parties, 'Raise a cuppa for carers', were also held.
- VCSL were part of the carers collaborative that won the HSJ Commissioning for Carers Award.
- Pathways were in place for unaccompanied asylum seeking children. The pathway made sure that the child or young person was monitored throughout their time in care. When the Looked After Children (LAC) team saw these children and young people, it was always in the presence of a qualified interpreter. The team ensured the child or young person had been registered with a GP, attended dental and vision assessments and taken part in the accelerated childhood immunisation programme. The team contributed to a study day for health professionals aimed at addressing the needs of unaccompanied children and young people seeking asylum in the UK.
- The LAC health team provided training to foster carers at events held every quarter. In conjunction with partners from child and adolescent mental health and education, training was provided that included; the reasons for certain types of questioning in review health assessments, the child's journey through the care system and the relevance of health to the looked after child. Training events also sometimes took place at weekends to better meet the needs of carers who had other commitments during the working week.

# Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

## Learning from complaints and concerns

- The Complaints Policy stated complaints should be acknowledged within three working days and fully investigated. The complainant should be kept informed throughout the process and a time frame given.
- All complaints received were sent to the Customer Service Team (CST), who provided central support and sent an acknowledgement letter and confirmed a response date. The complaint was then forwarded to the service manager to begin any necessary investigation.
- An open and transparent response that addressed all the points raised was encouraged with staff being supported to offer face to face meetings whenever possible.
- The Clinical lead for each business unit was responsible for oversight of all complaints and telephoned complainants personally. The sign off for all complaint letters was the business unit (regional) director.
- The CST also monitored social media and feedback sites for any new comments and responded to these as they would more formal complaints and comments.
- We reviewed four complaints and all followed the company policy and had clear wording, were honest and open and adhered to the complaints policy. They also detailed any actions the provider had taken and discussed outcomes.
- We were told of a change in practice following a trend in complaints around specific appointment times not being given for home visits. As a result, the service now gave a three hour time frame for visits so the patient would know to expect the early morning, late morning, early afternoon or late afternoon.
- Staff told us they would always try to address complaints informally in the first instance. The clinical lead, for example, told us how they had visited a patient at home with another colleague to allay concerns and discuss problems early, before they escalated into a full formal complaint.
- The sexual health service had received no complaints in the 12 months leading up to the inspection.



# Are services well-led?

Outstanding 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Summary of findings

A very strong assurance framework and sound governance systems were used to bring about improvements in safety and patient experience. Local accountability for assessing service quality was encouraged with senior support for teams who did not reach the comprehensive quality benchmarks. The attitude was very much, “Just good enough is not acceptable.” There was a corporate commitment to ensuring good care for all by ensuring staff were aligned with the provider’s values and were working together to continually drive up standards.

Local and corporate leadership was supportive and highly effective with recognised processes for allowing innovation, supporting staff learning and promoting positive behaviours amongst the staff group. The senior leaders at business unit and board level were passionate about the work they were doing and were able to give us specific examples of good practice from their sphere of responsibility. It was clear from discussions at all levels that the leaders knew their staff well and were very proud of them.

Staff felt able to raise concerns or make suggestions. The provider had systems in place for gathering information from staff. The provider actively promoted staff involvement in service design. Financial and managerial support was available for staff to implement their ideas. The provider had three ‘Freedom to Speak Out Guardians’ – although they were not required to do so. There had been capital investment in both leadership development and the People Flourish programme to transform services.

## Our findings

### Leadership of the provider

- The executive team were approachable and accessible. Their contact details were known and staff were encouraged to raise concerns direct with members of the executive, if they felt they were not getting sufficient or appropriate responses at a local level.
- The executive team knew their services well and were able to describe examples of good practice, learning

and incidents from across their services which were correlated with what operational staff told us. They talked about individual named members of staff, knew the buildings and could tell us about any particular challenges services and individual staff members were facing. They spoke with genuine warmth and respect for the staff and were clearly proud of the achievements of teams from across the country.

- The executive team made regular floor visits and all services had been visited over each year. Some executive members worked alongside teams where governance systems had raised concerns. The Chief Nurse had recently spent time with one team where an incident report raised concerns about the quality of pressure area care being provided. The Chief Pharmacist oversaw ‘Deep Dives’ where a potential cross service risk was identified.
- Business unit managers and clinical leads also spent time with the teams that reported to them. Over the year they visited all services and also provided a regular drop in session when they were available to meet with staff. Their mobile phone number was included on the business unit newsletter, so staff could call them directly.
- We heard about a management visit to a continence service that was described as ‘eye opening’. The nurse manager had spent the afternoon helping with continence assessments and as a consequence they went away and consulted on the evidence base from subject matter experts and changed the process.
- Credit for all achievements was given to the front line staff. Good practice was recognised and celebrated. There was support and opportunities for learning but limited tolerance of poor standards. One senior manager we spoke with talked about their staff having the freedom to act, and staff ownership of the care they provided. They also said, “People are encouraged to work to the top of their grade, ‘just good enough’ isn’t really acceptable”.
- All managers from business unit level upwards were required to obtain 360 feedback as part of their appraisal, annually. This allowed staff the opportunity to comment on their manager’s performance and relationships.
- Managers we spoke with appeared knowledgeable about their service user’s needs, as well as their staff needs. They were dedicated, experienced leaders and committed to their roles and responsibilities. We saw



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that managers at all levels were visibly upset at losing their staff through transfer of the contracts to other providers. Senior managers specifically asked the inspection team to be mindful of the transfers that were happening and the impact this had on staff and their line managers.

- Business unit clinical leads were supported to complete a Virgin Inspire leadership course, after successful attendance at an assessment centre.
- VCSL had invested in developing the management skills of the senior district nurses as part of the Community Nurse Innovation Programme. In 2015, they introduced a nurse development programme for 56 senior community nurses where they were taught about managing teams effectively, customer service, 'The Virgin Way' and conducting Root Cause Analysis investigations. The lead for the programme was awarded the Nurse Leader of the Year award by the Royal College of Nursing Institute for their contribution to this programme.
- Staff described managers as fair and flexible as willing to listen to concerns and tried to resolve issues. Staff felt valued, cared and empowered by their managers.
- The Chief Nurse led the nursing staff and was the chair of the Virgin Care Nursing Leadership Network. Membership of this group consisted of senior clinical nurses from each business unit, strategic and operational managers, nurses from all clinical specialities and representation from the Learning Enterprise. The remit of this group was to champion excellence and innovation in nursing, promoting the patient experience and patient safety.

## Vision and strategy

- VCSL had very clear strategies and an explicit service vision supported by Virgin Care

Values. There were clear shared goals that were known to staff.

The Virgin Care Values were, "Think, Care, Do". The values formed part of every staff member's appraisal, were included in the welcome packs for staff and were on display throughout services.

- The provider had a Nursing Strategy that was under review at the time of the inspection visits. It had been identified that whilst nurses formed the majority of frontline professional staff, there were therapists and

other staff groups who needed to be included. Going forward the Nursing Strategy was to become the Health and Care Strategy; the organisational values were being mapped to the professional Codes of Conduct which formed the basis of the strategy document.

- Each service also had their own Service Vision that was owned by staff. For example, following a Community Nursing innovation Programme in 2015, the vision for community nursing in Surrey was agreed as, "To create a resilient, sustainable and innovative 21st century community nursing service that provides the best care and is highly respected by patients, carers, professional partners and the public.
- The Quality Strategy focussed on implementing and operating quality systems that supported a culture of empowerment, quality management, shared learning and continuous improvement.
- Within the strategy and assurance framework were clear accountabilities, structures and systems for reporting and monitoring. Clinical leaders worked alongside and in partnership with managers.
- There was an organisational belief that clinicians in operational roles were best placed to improve services and this led to there being a relatively small executive team and few central support roles.
- The new strategy going forward was created to allow for a 'Strategy on a page', a working tool rather than an exhaustive tome. There was a decision to keep it simple and to connect the strategy to the values and behaviours. "To attract the BEST practitioners, to have the BEST systems, and to deliver the BEST outcomes...providing the tools and creating the environment where quality flourishes, demonstrated through Outcomes such that everyone feels the difference".
- Virgin Care Services Limited (VCSL) had values which they believed helped them to 'Stand out from the crowd', they were unique to who VCSL were. They were said to be the moral compass of VCSL and defined the way VCSL were: Think-drive for better, challenge and learn, Care-heartfelt service, inspire, understand and communicate and Do-team spirit, accountability and resilience.
- We observed that staff reflected these values in their behaviour and their approach used when caring for patients.



# Are services well-led?

Outstanding 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- All staff we spoke to were aware of the VCSL values and were able to give examples of when they applied the values.

## Governance, risk management and quality measurement

- Virgin Care Services Limited had a very clear governance structure that fed up to Virgin Healthcare Holdings Limited, the parent company through their monthly meetings.
- The VCSL Executive team led the services provided and received assurance both from the Virgin Care Clinical Governance Committee and directly from the Health and Safety Committee and Information Governance Committee.
- At VCSL Clinical Governance Committee meetings, the executive team shared learning, monitored KPIs and the clinical strategy with each business unit (regional) director and clinical lead.
- The VCSL Clinical Governance meetings were chaired by the medical director.
- Reporting directly into the VCSL Clinical Governance Committee were four sub committees – Infection prevention and control, research governance, medicines management and safeguarding adults and children. The sub committees each had representation from each business unit and were multidisciplinary to enable concerns and ideas to be considered from a wider perspective.
- Sitting under the VCSL Clinical Governance Committee and with information passing in both directions were the Business Unit Clinical Governance Committees (Clinical Quality and Risk; Integrated Governance Committees). These business unit meetings were chaired by the clinical leads for the business unity.
- Providing arm's length, higher level challenge and assurance was a Quality Committee that provided additional organisational assurance on clinical governance, quality and safeguarding. This group received reports from the VCSL Clinical Governance Committee and also the Health and Safety and Information Governance Committees. The role of this group was to provide 'Blue Sky' thinking, to consider innovative ideas and to ask strategic questions that arose from the assurance reports.
- For each business unit, there was a monthly Business, Clinical Quality and Risk Meeting (BCQRM) where a monthly clinical quality report was shared, which addressed all clinical quality & safety including safeguarding, complaints, compliments and friends and family test (FFT) data.
- The clinical quality report was comprehensive and we saw the minutes for September and October 2016. The July 2016 BCQRM showed concerns were addressed. In addition targets and actions identified in relation to risks to patients, staff and the organisation
- Staff understood and felt involved in governance processes.
- Quality outcomes were recorded in a clinical quality report, which was shared with leaders of the organisation at the BCQRM. This meant that there was a process in place for sharing information on quality outcomes with leaders of the organisation.
- We saw up-to-date copies of the corporate governance structure and local staff structure in all of the community bases and clinics we visited.
- Staff received a monthly Clinical Governance matters newsletter with updates and reminders about clinical governance.
- Services completed a RAG rated Clinical Governance Scorecard monthly. The individual scores were collated into a comprehensive dashboard that allowed trends over time and comparisons to be made.
- As part of the assurance framework the provider had introduced Internal Service Reviews, a comprehensive account of the way services were provided, completed by each team every six months. The web based tool used the CQC five key questions and Key Lines of Enquiry as a basis for assessing each area of care provided by VCSL. Staff were required to complete the very comprehensive assessments, with supporting evidence to the governance team for analysis and benchmarking against other services. Where services rated themselves as anything other than 'Good' based on the responses to the questions and using a scoring matrix, then a review of why the score was less than 'Good' was held and the team were supported to make improvements.
- The Board saw the ISR as both a monitoring tool and a development tool. Front line staff had worked with subject matter experts to create the review tool.
- Where services were new in scope, additional support and resources were made available to enable them to reach the benchmark of 'Good'.

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Outstanding



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- The provider had a Risk Register Policy that was used effectively locally and at Board level. Each service and business unit had its own Risk Register that it was responsible for. High scoring risks were escalated to the Virgin Care Clinical Governance Committee and upwards to the Virgin Care executive team. Significant corporate risks were escalated to the parent company.
- The risk register was discussed at each BCQRM and we saw evidence of this in meeting minutes. The register was up to date, identified the risk, the impact to the patient or service user, the controls in place, with a nominated lead for each risk.
- The provider had achieved the Cybersecurity Standards of the General Data Protection Regulation (GDPR). This legislation will apply in the UK from 25 May 2018. There were 22,000 data flows across the organisation that were mapped to check the provider was GDPR ready. The Caldicott Guardian was Dr Peter Taylor, the clinical director.
- Quality assurance of looked after child processes across Wiltshire was good. We examined recent audits of initial health assessments, review health assessments and health action plans. The process included ensuring that the voice of the child or, where younger children were concerned, the child's lived experience were evident in the files and further that ensuing health action plans were SMART. Where it was considered that further development was required then individual practitioners would be contacted so that those developmental areas could be addressed.
- In Wiltshire, lone working procedures were not consistently implemented across different services. It was difficult to ascertain how lone working risks were being managed in all areas. Staff were all aware of the requirement to accurately maintain their electronic calendars so colleagues knew where they were, although management did comment on how staff sometimes needed reminding of this. Systems to call and confirm arrival or departure when lone working was in place in some teams. However, other teams these were not prevalent. Within the continuing care team it was reliant on the parents escalating to the on-call telephone number if a staff member did not arrive.
- Staff were not always aware of a safe word to use should they have trouble and need to discretely call for help. There were no personal safety devices used to initiate a response if a lone worker felt they were at risk. The organisation told us they were looking to implement a

mobile system across different teams whereby staff location could be tracked. During our inspection a senior management team meeting was held, we were told at this meeting code words were discussed and a code word had been decided and was being disseminated to staff.

## Culture across the provider

- We spoke with staff about the organisation culture and all of them reported that they enjoyed their jobs and felt valued.
- One staff member told us, "This is the best organisation I have worked for!" Another member of staff told us that there was a mutual respect between staff and all were passionate about working for VCSL.
- Staff were committed to making improvements for patients and felt they had been given the right tools to achieve this. Staff told us they felt empowered to make changes.
- All senior managers consistently and openly told us how motivated and energised they felt since working for Virgin Care Services. A lot of emphasis was placed on this and how they felt listened to and valued. Staff reported good support was on hand from the corporate team and other regional Virgin teams. They told us this was reflected in the views of staff.
- At the time of the inspection the provider was awaiting ratification of the Draft Diversity and Inclusion Strategy.
- There was a commitment to supporting staff from diverse backgrounds and to ensure equality for staff with protected characteristics. This included attendance at London Pride, a Diversity and Inclusion space on the VCSL intranet, a Mental Health Wellbeing toolkit, a Pledge for Parity and engagement with Stonewall.
- The provider had three 'Freedom to Speak up' Guardians, one whom was the legal counsel for the organisation. The guardians were supported by an anonymous online system. There is no requirement for providers of independent healthcare services to have Freedom to Speak Up guardians but VCSL felt it was the right thing to do.
- Staff were also encouraged to make direct contact with Board members if they felt their concerns warranted senior intervention or they felt they were not getting an adequate local response
- The provider had invested £250, 000 training over 20% of the workforce in the People Flourish programme so that they can support colleagues to transform services,

# Are services well-led?

Outstanding 

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work better together and reduce sickness absence. Since the programme started there had been a 5% reduction in reported stress, increased staff retention and improved morale. The programme was credited with saving £160,000 in recruitment costs as a result of lower staff turnover.

## Fit and proper person requirement

- There was clear evidence that the provider a comprehensive range of information when recruiting to senior posts and the Board to ensure compliance with the requirement of the Fit and Proper Person Regulation.

## Staff engagement

- VCSL had a yearly staff survey called 'Have your say' with a 'Pulse check' six months later.

Four main themes were identified in the most recent business unit four (October 2016) 'Have your say' these included equipment and "tools to do the job", communication, morale and training. VCSL developed an action plan to address the issues identified within the 'Have your say' with a member of staff nominated, which ensured the action was taken.

- VCSL business unit four had a band 6 staff development programme this provided this staff group a dedicated programme, which explored the band six role, vision, values and expectations. This meant all band 6 staff shared the same vision and values and knew what was expected of them
- Staff were nominated for 'Star of the year awards', which were presented at the yearly 'Big Thanks' Christmas parties. One staff member told us she had won an award, other staff were aware of the awards and other staff had received nominations.
- Staff who won major awards had been taken out to dinner in a roof top restaurant in London.
- We saw there were Surrey wide newsletters, professional meetings and 'away days' held in many of the community services. VCSL produced a monthly 'Something for the weekend' newsletter which contained routine but important information, compliments 'shout outs' for staff, awards nominations and occupational health information. Staff we spoke with were positive about the newsletter as it was 'user friendly'.

- All staff had access to VCSL intranet Jam where policies, information and activities could be accessed.
- Staff had a VCSL 'tribe card' which offered discounts on many products including up to 40% off Virgin trains, discounts on Virgin holidays and a host of other savings.
- Staff working at VCSL were able to access special deals and offers including reductions in admission fees to historic houses, restaurants and gym membership and media entertainment packages.
- As an independent provider VCSL were not required to employ a Freedom to Speak Up Guardian. However, the provider had appointed three guardians nationally. Data relating to staff seeking the support of the guardian (numbers and themes) were reported to the Executive via the Quality and risk meetings.
- The Wiltshire Partnership Forum was used to provide a local consultative mechanism to discuss and address local issues and encourage employee participation and engagement. The terms of reference identified meetings to be scheduled six times per year. We reviewed meeting minutes from December 2016 and January 2017. December 2016 saw attendance from the head of operations as the chair, the head of workforce and six staff, of which one was a service level manager. In January 2017 there was attendance from the head of operations as chair and seven staff. From review of meeting minutes the Wiltshire Partnership Forum appeared well structured discussing people and service updates and understanding any challenges front line staff were experiencing or any gaps in information being cascaded to staff. Actions points were identified and revisited at subsequent meetings.

## Public engagement

- VCSL had set up formal engagement with local GPs through their Engagement Strategy in the Guildford and Waverly area. Most of the GP practices were provided by a single GP led organisation, which provided commissioned services as an alliance rather than with individual practices. VCSL were working with the alliance to improve engagement with local GPs and to set up a GP centric service which included the formation of local multidisciplinary integrated care teams, a single 24 hour care co-ordination centre based at the local acute hospital and a joint management board for out of hospital care. As a result of the engagement there were now named nurses in GP practices and improved support to care homes.

# Are services well-led?

Outstanding



By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Business unit four held a Surrey Wheelchair Services user group forum in November 2016, this invited wheelchair users to give feedback on the service provided.
- VCSL invited service users to give feedback on the care they received 'you said we did' this could be left on the VCSL website or in writing. An example of changes made from 'you said we did' include service users complained that the diagnostic and treatment centre at Farnham hospital was difficult to find therefore the signage had been improved.
- Wiltshire services were using the 'you said, we did' process whereby feedback was obtained from parents, carers or children and young people and changes made. For example the speech and language therapy services displayed in clinic rooms the 'you said, you wanted to know how to help your children at home' and 'we did, we have put our videos on our website'. These supported speech and language needs.
- The provider recognised the importance of the voice of the child, young person and families to inform the way services were designed and assess the care being provided. There was a Wiltshire children, young people and family's engagement plan for 2016/17. This set out engaging with partnership organisations and attendance at meetings enabling comments and information regarding the services being provided to be gathered.
- Wiltshire Children's Community services was an active member of the group planning a Wiltshire Youth Summit which aimed to bring young people across the county together and inspire and motivate them to become involved in voicing their views as users or potential users of healthcare services.