# Wellington House

## Quality Report

Wellington House (NHS 111)
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

# Summary of findings

## Ratings

| Overall rating for this service | Requires improvement |
|---|---|
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Inadequate |

# Summary of findings

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# Summary of findings

## Overall summary

**This service is rated as requires improvement overall.** (Previous inspection April 2017 – rated as requires improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We undertook a comprehensive inspection of Wellington House on 16 and 17 November 2017. This was to review the quality of the service following two previous inspections carried out at the service in April 2017 and in August 2017 where we found significant areas of concerns.

We had previously undertaken a comprehensive inspection of Wellington House on 24 and 25 April 2017. The inspection in April found the NHS 111 service was rated as requires improvement overall with requires improvement rating for safe and effective, good for caring and responsive and inadequate for well led.

- Following that inspection we issued a Warning notice in regard to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

and

- A requirement notice in respect of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

To check compliance with the warning notice we carried out an announced focused follow up inspection at Wellington House on 24 August 2017. The provider was required to meet the requirements of the warning notices, issued on 28 September 2017, by 15 November 2017. Following that inspection we issued further warning notices in respect of:

- Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Dignity and Respect;
- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment;
- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance;
- Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

Prior to our inspection the CQC had met monthly with Vocare in meetings led by Somerset Clinical Commissioning Group to discuss actions in relation to the provider's improvement plan and oversight of progress in relation to the warning notices issued by us. Our key findings from and this focused inspection on 16th and 17th November 2017 were as follows:

- The provider had taken the appropriate action to protect confidential patient information and met the requirements of the warning notice as it related to the NHS 111 service for Regulation 10.
- The provider had assessed and taken mitigating action to identify and manage risks relating to the health, welfare and safety of people, including ensuring permanent staff had attended appropriate training such as safeguarding and partially met the requirements of the warning notice as it related to the NHS 111 service for Regulation 12.
- Call auditing had improved and provided evidence that the advice given was safe and followed current good practice.
- The provider had been successful with recruitment of staff to fill the call advisor vacancies in the NHS 111 service, but had not improved on the recruitment for the complement of permanent clinical advisory staff. The inspection team saw five whole time equivalent clinical advisors were employed out of the 12.9 whole time equivalent clinical advisors that had been identified by the provider as being required. We saw evidence that those who were employed had appropriate employment checks. This only partially met the requirements of the warning notice as it related to the NHS 111 service for Regulation 18.

# Summary of findings

- The governance systems in place were not effective enough to sustain the quality of the service and to promote continued development and improvement of the service.
- The registered manager for the service was no longer in post. We found there were areas where the management of the service required further improvement and stability. The provider had on 6 November 2017 installed a transformation management team at Wellington House to address the failings of the service. The team had identified several areas for improvement however, at the time of the visit, not all of these actions had been implemented and only partially met the warning notice for Regulation 17.
- The service had not met all the National Minimum Data Set and Local Quality requirements for example; failure to achieve the percentage of calls transferred to the ambulance 999 service, however, performance was comparable to national performance averages. Appropriate action was undertaken where variations in performance were identified however there was limited evidence that improvement was sustained.

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

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

We found insufficient improvements have been made such that there remains a rating of inadequate for well-led. Therefore we are taking action in line with our enforcement procedures to impose conditions on the registration of the Wellington House location for Somerset NHS 111 and Somerset OOH services. This will lead to a variation of the conditions of the registration. The service will be kept under review and if needed measures could be escalated to urgent enforcement action.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Wellington House

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a lead CQC Inspector. The team included two additional CQC inspectors, a CQC inspection manager and two specialist advisors.

## Background to Wellington House

Somerset Doctors Urgent Care (part of the Vocare Group) provides the 24 hour NHS 111 service across the whole of Somerset. Wellington House NHS 111 service operates 24 hours a day 365 days a year. It is a telephone based service where people are assessed, given advice and directed to a local service that most appropriately meets their needs.

It is co-located with the GP led Out of Hours, and serves a population of approximately 540,000 people. Somerset Doctors Urgent Care Ltd. (SDUC) is a private limited company. Vocare deliver GP Out of Hours and urgent care services to more than 4.5 million people nationally.

The population of Somerset is dispersed across a large rural area. The county of Somerset covers a large geographical area and incorporates five District Councils; Mendip, Sedgemoor, South Somerset, Taunton Deane and West Somerset. One in four people live in one of Somerset's largest towns: Taunton, Yeovil and Bridgwater (taken from Somerset joint strategic needs assessment (JSNA), 2011).

Areas of multiple deprivations in Somerset are found within the towns as well as more remote rural areas. Patterns of deprivation in rural areas are strongly influenced by distance to services. Around 95% of Somerset's population are White British. Outside of the UK and Ireland the most common countries of birth across all districts are Poland, Germany, South Africa, India and the Philippines. There are a growing proportion of residents across Somerset who have settled from overseas.

There are around 3,400 households (1.5% of all households) in Somerset in which the household members do not speak English as their first language. Members of these household may require language support when accessing services. There is a high proportion of single pensioner households in West Somerset (remote parts of the county) and a higher prevalence of single parent households in Mendip, Sedgemoor and Taunton Deane than the Somerset average. A significant proportion of the Somerset population do not have access to their own transport, particularly in Sedgemoor, West Somerset and Taunton Deane. Almost a fifth (19%) of Somerset residents rate themselves as being limited in activities of daily living (Census 2011). Residents in Sedgemoor and West Somerset are likely to have higher health care needs than the Somerset average.

Good

# Are services safe?

## Summary of findings

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

## Our findings

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

**Safety systems and processes**

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate.Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

**Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

Good

# Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand however there was a reliance on use of off-site clinical advisors.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example, we observed that there was additional information on work stations and in the call centre relating to sepsis identification. We were provided with evidence of reported incidents and actions taken for callers who were at risk of suicide.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

**Information to deliver safe care and treatment**

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

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinical advisors made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

**Track record on safety**

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. The provider had a comprehensive business continuity plan in place for major incidents such as power failure or building damage, as well as those that may impact on staff such as a flu pandemic. The plan included emergency contact numbers for staff. The plan also addressed fluctuations in demand for the service and staff shortages.
- The provider had engaged with other services and commissioners in the development of its business continuity plan. We were given evidence of their involvement in the winter contingency planning for the Somerset area with other health and social care providers. We observed that the service was an active partner in contingency planning when other services had indicated their operational pressures escalation levels (OPEL) had risen above level one. We saw that this information was shared with the duty team leaders and cascaded to clinical staff so that information given to callers could be tailored to the expected response times such as for ambulance services. However, it was also noted that the provider did not have their own winter contingency plan for Wellington House in the event of a winter emergency situation, such as staff not being able to get to work in the event of inclement weather. Following the inspection a winter contingency plan was provided.
- There was a system for receiving and acting on safety alerts which were cascaded to team leaders.
- Joint reviews of incidents were carried out with partner organisations, including the local ambulance trust.

**Lessons learned and improvements made**

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Staff told us they would inform the team leader of any incidents and there was a recording process available on the service's computer system. We saw there had been 119 incidents recorded since 1 August 2017, 45 of these were under investigation when we inspected.
- The provider monitored safety at a monthly risk meeting. The provider also carried out an analysis of the serious incidents and significant events.
- There were adequate systems for reviewing and investigating when things went wrong. For example the provider had notified us of a call system failure which resulted in their being unable to take calls. The business continuity plan was actioned and the incident was under investigation at the time of our inspection.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action taken to improve safety but only with the

Good

# Are services safe?

staff who were directly involved in the incident. We confirmed with staff that learning was not widely shared and the inspection team only saw evidence of shared learning sent to team leaders.

- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. For example they reviewed referrals to the ambulance trust in a twice weekly meeting with the ambulance service provider.

Good

# Are services effective?

(for example, treatment is effective)

## Summary of findings

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

## Our findings

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

**Effective needs assessment, care and treatment**

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

- Clinical staff had access to guidelines from NICE and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed through their call auditing procedures and by investigation of complaints and incidents.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included the use of the Pathways structured assessment tool.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Assessments were carried out using approved clinical assessment tools, or locally agreed standard operating procedures.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable, for example, those with hearing impairment could access text talk.
- There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and care plans/guidance/ protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.
- The number of calls and outcomes were monitored, and action taken where needed. Real time performance was monitored and action taken where performance of the service was at risk of performing below the expected standard, one example being delays in answering calls within agreed timescales. Actions taken included

changes in break times, contacting off duty staff members to rearrange their upcoming shift and offering overtime to staff to work beyond their present shift finish time and using the national virtual support team.

- When staff were not able to make a direct appointment on behalf of the person clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.

**Monitoring care and treatment**

Providers of NHS 111 services are required to submit call data every month to NHS England by way of the Minimum Data Set (MDS). The MDS is used to show the efficiency and effectiveness of NHS 111 providers. The service monitored its performance through the use of the National Minimum Data Set, as well as compliance with the NHS Commissioning Standards. In addition the provider had established its own performance monitoring arrangements and reviewed its performance each month producing a report for the Somerset Clinical Commissioning Group (CCG).

Data for calls answered within 60 seconds (for which the target is 95%) Showed

for Somerset:

- August 2017, 88.6% of calls answered within 60 seconds, which was lower than the England average of 93%.
- September 2017, 84.8% of calls answered within 60 seconds, which was lower than the England average of 88.4%.
- October 2017, 86.4% of calls answered within 60 seconds, which was comparable to the England average of 87.1%.

Data for calls abandoned (the national target is less than 5%) showed:

For Somerset:

- August 2017, 1.5% of calls were abandoned which was higher than the England average of 1.2%.
- September 2017, 2% of calls were abandoned, which was comparable to the England average of 2%.
- October was 1.8% which was better than the England Average of 2.2%

The provider's performance in other areas showed:

- Local Quality Indicator (LQR) 3: The percentage of calls transferred to the 999 ambulance service target was 10%; for October 2017 the service achieved 11.5% which was better than the national achieved average of 13.5%.
- LQR4 Percentage of answered calls advised to attend accident and emergency department (A&E) target at 5% for October 2017 was 6.2% better than the national average of 8.9%.
- The provider produced a monthly report which was shared with the Somerset Clinical Commissioning Group (CCG) .The provider told us that whilst there had been improvements over the last few months, the position was inconsistent. This was due in part to a large number of staff having been recently recruited and consolidated which generally increased the number of referrals to A & E and ambulance dispatches. A number of probing courses for staff with more experience were being held monthly which supported staff to probe further and reduce the impact on A & E and ambulance. Call audits ensured staff received timely feedback in order to improve and develop. Bi weekly meeting with the ambulance service took place and any feedback for improvement communicated with staff via email.

There was evidence of improvements through the use of completed call audits. We saw that call auditing took place as a regular occurrence with staff confirming they received feedback through their 1:1 monthly meeting. We asked about NHS Pathways audit levelling sessions for the internal auditors, and were told that auditing standards were overseen nationally by the responsible officer and reported back to the local team. The provider also sent recordings of calls which formed part of complicated complaints or significant incidents to NHS Pathways for review.

The provider also participated in the NHS Pathways compliance team who audited the quality of the internal NHS Pathways training.

**Effective staffing**

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

- The provider had an induction programme for all newly appointed staff. This covered such topics as information governance, health and safety, NHS Pathways training,

safeguarding, call control, mental health awareness, performance and quality assurance processes, communication requirements and specific procedures relating to their place of work. We were told by call advisors they completed mandatory training e-learning modules such as equality and diversity and work station health and safety awareness yearly.

- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. The provider could demonstrate how they ensured role-specific training and updating for relevant staff. For example, safeguarding training to the appropriate levels. The transformation team were also in the process of re-training team leaders with a 'Back to Basics' course on shift management.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. Staff we spoke with who had been in post more than one year confirmed they had had an appraisal within the last 12 months.
- Staff received additional training that included: how to respond to specific patient groups, Mental Health Act, Mental Capacity Act, safeguarding, fire procedures, and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

**Coordinating care and treatment**

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

- Patients received coordinated and person-centred care.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. Staff knew how to access and use patient records for information and when directives may impact on another service, for example, advanced care directives or do not attempt resuscitation orders. Information about previous calls made by people was available only if taken locally, however access to information from calls taken by other centres was not available.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals and/or appointments for patients with other services. The provider was aware of the times of peak demand and had communicated these to the ambulance service. This included the arrangements to alert the ambulance service when demand was greater or lower than expected.
- Information within the Directory of Services (the Directory of Services (DoS) is a central directory which provides NHS111 call advisors with real time information about services available to support a particular patient.) was reviewed and updated in a timely manner.

**Helping patients to live healthier lives**

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

- The service identified patients who may be in need of extra support and were able to make a request for help on their behalf, for example, a community nurse visit.
- Where appropriate, clinical advisors gave people advice so they could self-care.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. Contact with the call centre was recorded and where support was needed, shared with via computer record systems.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

**Consent to care and treatment**

Good

# Are services effective?

## (for example, treatment is effective)

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Gillick competency for children.

The process for seeking consent was monitored through call audits.

- Access to patient medical information was in line with the person's consent.

Good

# Are services caring?

## Summary of findings

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

## Our findings

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

**Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. We observed members of staff were courteous and very helpful to people calling the service and treated them with dignity and respect.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements in place to respond to those with specific health care needs such as end of life care and those who had mental health needs. Staff were provided with training in how to respond to a range of callers, including those who may be abusive. Our observations were that staff handled calls sensitively and with compassion.

Results from the surveys, feedback, NHS Choices showed people felt they were treated with compassion, dignity and respect.

The results from the NHS Patient Survey published in July 2017 showed that the service was performing similarly to the national average.

The survey results showed that:

- 61% of respondents stated that the impression of how quickly care from the NHS service was received was about right which was the same as the national average.
- 44% of respondents stated that they had confidence and trust in the person seen or spoken to which was comparable to the national average of 43%.
- 29% of respondents stated that their overall experience of NHS services when their practice was closed was very good which was comparable to the national average of 30%.

**Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care.

Good

# Are services caring?

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with people in a way that they could understand, for example, communication aids and a translation service were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- We saw from the results from the April – September 2017 patient survey that only two of the 52 people contacted were dissatisfied with the service with the other respondents stating they were very or fairly satisfied. Respondents highlighted the good response times and helpful information.

**Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.

Staff supported patients to make decisions by ensuring they understood the information given to them. We observed that staff took time to ensure people understood the advice they had been given, and the referral process to other services where this was needed. This included where an appointment had been made by the NHS 111 service or where a request was to be made for a future appointment.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

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

## Our findings

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

**Responding to and meeting people's needs**

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

- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service, such as alerts for people with special notes.
- The service used all available data to ensure it was responsive to people's needs, for example, data for response times had been used for a review of rota planning and of establishment hours.
- There were translation services available.
- The service made reasonable adjustments when people found it hard to access the service such as text talk.

**Timely access to the service**

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

- The service offered a 24 hours a day, 365 days a week service.
- People had timely access to advice, including from a call advisor or clinical advisor when appropriate. The service operated on a ratio of one clinical advisor to three call advisors and the October performance report recorded this had been achieved 100% of the time. This meant that timely clinical advice was available for people.
- The telephone system was easy to use and supported people to access advice with a clear initial recorded message and menu options.
- Technology was used to support timely access with visual display screens around the call centre which gave real time information about performance which was monitored by the team leaders. There was a clear escalation protocol in place which staff told us they were confident about using to ensure timely access to advice.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- Action was taken to reduce the length of time people had to wait for subsequent care or advice as the NHS 111 staff were able to book appointments directly for people at the local out of hours centres.
- Action was taken to minimise the number of calls that were abandoned by the caller. The provider's data indicated that they met the National Quality Requirements (NQR) for the number of calls abandoned target for October and achieved a level of 1.8% which was lower than the national average for October which was 1.9%. (The NQR are used to show the service is safe, clinically effective and responsive).
- The service identified and prioritised people with the most urgent needs, even at times of high demand, by use of rating to ensure that those with a higher disposition were dealt with as a priority. The staff also had an instant messaging facility so that where there was a priority call the clinical advisors could be made aware. The service took account of differing levels in demand in planning the service. We saw a forecast rota for the service which had predicted demand over the Christmas period which exceeded the weekly establishment hours for call advisors. However, we were told this would be the number of staff which the service worked toward achieving in order to meet demand.
- NHS approved care pathways were appropriate for people with specific needs, for example those at the end of their life, and babies and young children.
- Referrals and transfers to other services were undertaken in a timely way. We observed the call centre using integrated computer systems for people to be referred onto other services such as the out of hours or ambulance service. Patients with the most urgent needs had their care and treatment prioritised.

**Listening and learning from concerns and complaints**

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do.
- The complaint policy and procedures were in line with recognised guidance.
- We looked at three complaints received since our last inspection and found that these were satisfactorily handled and dealt with in a timely way, with openness and transparency when dealing with the complaint. The lessons were learnt from concerns and complaints and action taken was limited to those directly involved in the complaint. For example, one outcome from a complaint we reviewed was for additional training for a call advisor and we saw this had been achieved. We also noted that confidential responses to complaints made through PALs were not responded to using appropriate organisational headed paper. Responses were sent without a date or reference number which was not best practice.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The provider responded to feedback from other services and there was evidence of change as a result. The provider received feedback from other health professionals and services such as the local ambulance trust. Twice weekly meetings with the ambulance trust allowed the provider to monitor and make adjustments quickly to improve referral to ambulance services.

# Are services well-led?

Inadequate

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

## Summary of findings

**We rated the service as inadequate for leadership**

## Our findings

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

**Leadership capacity and capability**

In November 2017 a support team from other locations across Vocare had been mobilised to the Wellington House location to work with staff to implement changes to the service. It was not clear from the provider how long this team would be in place or what the permanent organisational structure would be for Wellington House. We noted that some staff that constituted the team were on temporary contracts.

We were notified that from September 2017, the regional director who was the registered manager for the Wellington House location had left their post. The statutory notification advised us that the Vocare CEO and one of the chief executives would each take on the role of registered manager for different regulated activities. We were also advised that one of two members of the leadership team at Wellington House would take on the registered manager role. We spoke to both these members of staff but they were not in a position to update us as to their registered manager applications. The organisation has not provided a timeframe when an application from a suitable member of staff will be submitted for this role.

In addition the leadership team at Wellington House had undertaken governance of an additional out of hours and NHS 111 service supplementary to Somerset NHS 111, Somerset out of hours and Devon NHS 111. It was not clear how the leaders had the capability or capacity to undertake additional services whilst prioritising non-compliance.

**Vision and strategy**

Whilst the provider stated that their vision was to deliver a high quality service and promote good outcomes for people using the service, the management structure in place to implement this was too new to have had a measurable impact.

- The service business plans to achieve priorities was being formulated with the clinical commissioning group at the time of the inspection.
- The provider monitored progress against delivery of their contractual obligations.

**Culture**

# Are services well-led?

Inadequate

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

The culture of the service was:

- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff told us they had easy online access to policies, procedures, e-learning and supporting information such as Toxbase (a primary clinical toxicology database of the National Poisons Information Service) and hot topics (NHS Pathways updates).
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff and teams. Operational centre based staff were clear who to go to for guidance and support. They were clear about their line management arrangements and described to us what they did in certain circumstances, such as dealing with a difficult or angry person. All of the operational staff we spoke with were confident in the support from their team leader and the onsite clinical and operational support managers.
- There were arrangements to support joint working by staff; team meetings were mandatory and staff were paid to attend.We saw minutes of meetings which included topics such as lone working. There were arrangements in place to provide support to staff in the event of a death or serious incident.

**Governance arrangements**

From 1 November 2017 the registered provider had been acquired by Totally PLC a parent holding company and separate legal entity to Vocare.

An organization structure provided pre inspection was not reflective of the current leadership structure locally and a governance management structure for Vocare supplied on the day of inspection was in the form of a proposal. We were provided with information from Vocare that on 6 November 2017, an interim transitional regional director had commenced employment at Wellington House to address the failings of the service. The lines of accountability within the service were not clear with the transformation management team who were new to the service.

The inspection team were told that the governance framework which supported the delivery of the strategy was being reviewed. We were told that this was in order that the current structures, including the local and provider level leadership team and operational procedures in place were appropriate in order to support the organisational strategy.

The inspection team found that:

- Within the call centre team there was a clear staffing structure and that call staff were aware of their own roles and responsibilities; call advisors told us they were unclear about who was in the transformation management team and their purpose.
- Service specific policies were implemented and were available to all staff.
- Whilst there was a comprehensive process of continuous clinical and non clinical call auditing, this was used to monitor quality and there was limited evidence that how it contributed to service improvements.
- There were established and new arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but there was no clear process for sharing any learning with the staff team to improve the service.
- We saw information about NHS Hot Topics on workstations and around the call centre. Staff confirmed that update information was sent to them via email but could not identify any processes for checking understanding and application of knowledge.

**Managing risks, issues and performance**

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety however this had failed to address the issues identified on previous inspections in order to achieve compliance with the regulations.

# Are services well-led?

Inadequate

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

- The provider had processes to manage current and future performance of the service. Performance was regularly discussed at senior management and board level. Performance was shared with Somerset CCG as part of contract monitoring arrangements.
- A comprehensive understanding of the performance of the service was maintained with live time monitoring and monthly reporting. However the Somerset Clinical Commissioning Group had issued the provider with a Contract Performance Notice (CPN) in May 2016 because of the provider's failure to achieve the percentage of calls answered within the 60 second KPI (key performance indicator). The recovery trajectory plan failed to be achieved and was revised to achieve 95% by February 2018. This CPN was still in place at the time of the inspection.

**Appropriate and accurate information**

The service acted on appropriate and accurate information.

- The service used performance information which was reported and monitored, and management and staff were held to account.
- The service submitted data or notifications to external organisations . We previously spoke to the service about their legal duties to notify us of safeguarding matters and issued a warning notice. We have not received those requested statutory notifications. We reviewed the incident reporting system and found that the service continued to fail to notify us of safeguarding incidents and to be compliant with the required Regulations by 15 November 2017.
- The information used to monitor performance and the delivery of quality care was used to plan and address any identified weaknesses. The service had produced a recovery action plan, prior to our first inspection in April 2017. Although the clinical commissioning group had not signed this off as an agreed final action plan due to the provider's trajectories the service told us they were working on implementing the actions.
- The service recovery plan had highlighted staffing vacancies and had included a trajectory of recruitment; whilst this had been achieved for call advisors, data from the provider showed that turnover for call advisors for 2016-17 was 126%. They had been unable to permanently fill the 7.9 full time equivalent vacancies for clinical advisors. During the inspection a member of the Vocare support team assured us that all the staff vacancies within the service had been filled either by onsite site or staff working remotely who were contracted specifically to the service. This information contradicted the data provided by the Vocare NHS 111 workforce lead to the CCG in a staff tracker document dated 15 November 2017, and by the data in the local performance report for October 2017 which showed the vacancies as unfilled. However we were unable to identify how this impacted on patient care.
- The inspection team found that there were inconsistencies in the evidence provided to the team. For example, the provider had a process to provide staff with ongoing support; this included appraisal. Information provided pre-inspection relating to staff appraisal could not be corroborated onsite. We found the actual data provided highlighted the majority of staff (24) as still being on their probation. Only five people from the 34 listed were on an annual appraisal. We were told by the provider's support team that the data was inaccurate, as it included people on the list who were no longer employed by Vocare.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service carried out quarterly surveys of people who used the service. They did this by telephone contact with people who had used the service. The provider had developed a public engagement strategy and submitted the draft report to the Somerset Clinical Commissioning Group but which was not seen by the inspection team.
- There was limited evidence of systems in place for staff to give feedback or be involved in service development.
- We saw there was a locally produced call advisor newsletter (latest edition seen was for July 2017). The provider had planned a staff survey and was aware that staff engagement was an area for improvement.

# Are services well-led?

Inadequate

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

**Continuous improvement and innovation**

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

- Qualitative information from national and local quality requirements was used alongside the findings from surveys to improve performance through a series of probing workshops; for example in order to address the issue of raised ambulance referral rates five workshops had been arranged for December 2017 for 20 call advisors.
- A clinically trained floor walker was planned to be recruited to monitor and support call advisors.
- The NHS Digital Pathway training from October 2017 had been extended an additional day to allow time for training on underpinning information such as eLearning for health, dementia awareness and cardiopulmonary resuscitation.
- Mental health awareness workshop which had run in February 2017 had been made mandatory and more workshops arranged so that all call advisors attended. The service was working closely with the local mental health trust in order to be able to access patient records to enhance the response to people with mental ill health who contact may have an existing care plan.