

NEMS Community Benefit Services Limited

Quality Report

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This report describes our judgement of the quality of care at this out-of-hours service. 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 the provider, patients, the public and other organisations.

Summary of findings

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Summary of findings

Overall summary

NEMS Community Benefit Services Limited (NEMS CBS) provides out-of-hours General Practitioner (GP) services for around 722,000 people living within Nottingham City and southern Nottinghamshire.

We carried out the inspection as part of our new inspection programme to test our approach going forward. It took place over two days with a team including two CQC inspectors, a GP practice manager and an expert-by-experience.

We found the service was effective in meeting patient needs and had taken positive steps to ensure people who may have difficulty in accessing services were enabled to do so. NEMS had in place an effective system to ensure that patient information was promptly shared with each patient's own GP to ensure continuity of care.

Patients told us that they were happy with the care and treatment they received from the staff at NEMS and they felt safe. There were robust systems in place to help ensure patient safety through learning from incidents and the safe management of medicines. The provider had taken robust steps to ensure that all staff underwent a thorough and rigorous recruitment and induction process to help ensure their suitability to care for patients.

Patients experienced care that was delivered by dedicated and caring staff. People we spoke with praised staff for their kind and caring attitude and we observed patients being treated with respect and kindness whilst their dignity and confidentiality was maintained.

NEMS had effective systems in place to ensure their service could be delivered to the widest range of patients with varying levels of need. There was good collaborative working between the provider and other healthcare and social care agencies which ensured patients received the best outcomes in the shortest possible time.

We found that the service was well-led and managed by an enthusiastic and knowledgeable senior management team, and their values and behaviours were shared by staff. Members of the staff team we spoke with all held very positive views of the management and leadership and felt well supported in their roles. They told us that the senior managers were approachable and listened to any concerns or suggestions they might have to improve the level of service provision.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We found that the provider had in place robust and rigorous systems to ensure that staff seeking to work at NEMS were appropriately recruited and vetted to ensure their suitability to work with potentially vulnerable people. GP's had been subject to competency testing and continuing clinical audit to ensure their effectiveness and help maintain patient safety.

There were clear procedures and policies that staff were aware of to enable them to recognise and act upon any serious events or incidents and any learning was shared with staff and the public through the provider's website. The provider had good systems in place to safeguard patients at risk of harm.

We found there were systems in place to help protect people from the risks associated with the management of medicines and infection control.

Vehicles used to take GP's to patients' homes for consultation and those used to transport patients to the treatment centre were well maintained, cleaned and contained appropriate emergency medical equipment. Emergency equipment held at the treatment centre was well maintained and serviced.

Are services effective?

We found that the provider was providing effective care to a wide range of patient groups with differing levels of need often with limited information available to clinicians.

Clinicians were able to prioritise patients and make the best use of resources. We saw that reception staff at the treatment centre were able to see that a patient might need earlier intervention for example breathing problems or increased levels of stomach pains, and took steps to ensure they were assessed by a clinician.

There was an effective system in place to ensure information about patients was shared with the patient's own GP at the earliest opportunity.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time.

Are services caring?

Patients, their relatives and carers were all positive about their experience with NEMS and said they found the staff friendly, caring and responded to their needs. We observed examples of good interaction between patients and staff and noted that staff treated patients with respect and kindness and protected their dignity and confidentiality.

There was good evidence that the provider took positive steps to promote the services offered by NEMS and inform patients of what they could expect from the service through literature and a rolling television presentation displayed in the treatment centre waiting room.

Are services responsive to people's needs?

We found that the provider had an effective system to ensure that, where needed, GP's could provide a consultation in patients' homes. If a patient needed to be seen in the treatment centre but did not have transport NEMS provided a patient transport service which ensured that they were able to receive a consultation by a GP (this was also suitable for patients with mobility issues such as wheelchair users). This ensured that patients who would otherwise have difficulty accessing an out-of-hours GP consultation were enabled to do so.

Summary of findings

The provider had in place well proven systems to engage and collaborate with other health care and social care providers. NEMS had special arrangements in place to provide out-of-hours GP services for patient groups such as people confined in a nearby prison.

There was an easily accessed and transparent complaints system and we saw that any learning from those complaints was shared with staff and the public.

The provider undertook continual engagement with patients to gather feedback on the quality of the service provided.

There was an effective system in place to ensure information about patients was shared with the patient's own GP at the earliest opportunity.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time.

Are services well-led?

NEMS had a stable management structure; the nominated individual and registered manager was very knowledgeable and was an integral part of the staff team. They displayed high values aimed at improving the service and the patient experience. Staff that we spoke with all displayed a similar commitment. Staff turnover was low with many staff having been employed at the service for ten years or more.

There was a clear leadership and management structure and staff that we spoke with were clear in who they could approach with any concerns they might have. We saw that staff underwent an annual appraisal to enable them, amongst other things, to reflect upon their own performance with the aim of learning and improving the service. We spoke with staff who told us that when new ideas or working practices were suggested they pulled together to embrace change to instigate better outcomes for patients.

There was a clear commitment to learn from problems, complaints and incidents. We saw that NEMS demonstrated an open approach to these issues by publishing on their website details of incidents and their response to them so that they could be scrutinised by patients and the public.

Summary of findings

What people who use the out-of-hours service say

Patients who used the service, their relatives and carers told us that it met their healthcare needs and that both clinical and non-clinical staff treated them with respect, discussed their treatment choices and helped them to maintain their privacy and dignity.

People who were unable to access the treatment centre by their own or public transport said they took advantage of the free patient transport service offered by NEMS and said it made the service accessible when it otherwise would have been difficult or impossible for them to attend appointments.

Patients told us that NEMS allowed them to have prescription medicines from stock when it was getting close to the community pharmacy closing and it was unlikely that they could get to the pharmacy in time to have a prescription dispensed.

All of the patients we spoke with during our inspection made positive comments about NEMS and the service they provided. Patients were particularly complimentary about the caring, friendly attitude of staff.

Patient surveys undertaken by the provider showed that 96% of respondents rated the service as either excellent, very good or good.

Areas for improvement

Action the out-of-hours service **COULD** take to improve

The service did not have a designated infection control lead. Staff had received training and were knowledgeable in this area and there was no evidence that patient safety had been compromised. We considered the lack of a lead

infection control person could pose a potential risk of new guidance and information on infection control not being shared with staff. The registered manager told us that the matter would be addressed as a matter of urgency.

Good practice

Our inspection team highlighted the following areas of good practice:

- Patients praised staff on their caring and compassionate approach.
- Staff all spoke in positive terms about working for NEMS, high quality management and the support they received to enable them to deliver high quality, safe care.
- There was clear evidence of a strong working relationship between NEMS and other healthcare and social care providers.
- NEMS had taken positive action to ensure accessibility to their services by means of their free patient transport service.
- Patient safety and good practice was paramount and evidenced by good investigation and analysis of adverse incidents and complaints.
- NEMS demonstrated a thorough and comprehensive recruitment and induction process for clinicians and other staff that included thorough assessments of clinicians' competence. This promoted confidence that patients were receiving high quality care and treatment from appropriately qualified and experienced staff.
- There was rigorous monitoring of clinical performance to ensure patients received safe and effective care.

NEMS Community Benefit Services Limited

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP. The team included a second CQC inspector, a GP practice manager and an expert-by-experience who helped us to capture the experiences of patients who used the service.

Background to NEMS Community Benefit Services Limited

NEMS Community Benefit Services Limited (NEMS CBS) is a 'not-for-profit' company that holds contracts to deliver NHS services on behalf Nottingham City and Nottinghamshire South Clinical Commissioning Groups.

As a 'not for profit' company, it does not pay money to shareholders and any surplus is reinvested to improve services. It provided an out-of-hours General Practitioner (GP) service for around 722,000 people living within Nottingham City and southern Nottinghamshire. The service is provided from the principle operating base and treatment centre at 484 Derby Road, Nottingham but it also provided a GP and nursing presence at the Nottingham Urgent Primary Care Assessment Centre located in the emergency department at The Queens Medical Centre, Nottingham from 10am to midnight.

They were open whenever GP surgeries were closed. This was weekday between 6.30 pm and 8 am, plus 24 hours a day at weekends and public holidays.

Calls from patients to their GP during out-of-hours periods are directed to the NHS 111 telephone service, which refer patients where necessary to NEMS. These referrals amounted to between approximately 1,900 and 2,500 per month in 2013. The total number of referrals for the year 2013 was almost 25,000.

The service provided consultations on an appointment basis at the Derby Road location but also carried out home visits to patients who were assessed as not being fit enough to travel to the treatment centre for a consultation.

NEMS provided a patient transport service to facilitate patients to attend consultations at the treatment centre who would otherwise have had difficulty through lack of private or public transport.

NEMS worked closely alongside other primary healthcare services such as midwives and community nursing, Social Services Emergency Duty Team and Mental Health Crisis Team.

NEMS did not provide a 'walk in' service from its main treatment centre for out-of-hours patients, however staff told us that when a patient presented themselves without having an agreed appointment they were always seen. Following their initial assessment they would then be allocated an appointment and may have had to wait until an appropriate clinician was available.

Detailed findings

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

To get to the heart of patients' experiences 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 held about the out-of-hours service and asked other organisations to share what they knew about the service. We also reviewed information that we had requested from the provider.

We carried out an announced visit to the treatment centre on 29 and 30 January 2014. During our visit we spoke with a range of staff including the registered manager, administration and training staff, nurses, general practitioners, passenger transport drivers and those staff that dealt directly with patients, either by telephone or face to face. We visited the NEMS GP and nurse who were working in the Queens Medical Centre on 29 January.

We spoke with 14 patients who used the service. We observed how people were being cared for and talked with carers and family members and reviewed personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

We reviewed information that had been provided to us by the provider and other information that was available in the public domain.

We conducted a tour of the treatment centre and looked at the vehicles used to transport patients and the vehicles used to take doctors to consultations in people's homes.

Are services safe?

Summary of findings

We found that the provider had in place robust and rigorous systems to ensure that staff seeking to work at NEMS were appropriately recruited and vetted to ensure their suitability to work with potentially vulnerable people. GP's had been subject to competency testing and continuing clinical audit to ensure their effectiveness and help maintain patient safety.

There were clear procedures and policies that staff were aware of to enable them to recognise and act upon any serious events or incidents and any learning was shared with staff and the public through the provider's website. The provider had good systems in place to safeguard patients at risk of harm.

We found there were systems in place to help protect people from the risks associated with the management of medicines and infection control.

Vehicles used to take GP's to patients' homes for consultation and those used to transport patients to the treatment centre were well maintained, cleaned and contained appropriate emergency medical equipment. Emergency equipment held at the treatment centre was well maintained and serviced.

to be assessed as competent in areas relevant to their work and that where staff had difficulty in reaching the required standard additional help and time was allowed for them to attain the level required.

Locum and / or GPs provided through agencies had never been used and the use of agency nursing staff was minimal. We judged that this helped the provider to ensure that patients were protected from the risks associated with the engagement of inappropriate staff.

We saw that the treatment centre was accessible to people with restricted mobility such as wheelchair users and that patient accessible areas were in good condition.

We looked at the vehicles used to take doctors to consultations in patients' homes and saw that they were in good condition and regularly maintained. We looked at the equipment carried in the vehicles that could be used by a GP in the event of a medical emergency, such as defibrillators and oxygen and found it to be appropriate, well maintained and checked regularly. Vehicles used to transport patients to the treatment centre were clean, well maintained and carried basic medical equipment that could be used in medical emergency. We saw written evidence that the equipment was checked regularly.

Staff that we spoke with and records we saw confirmed that all staff had received training in medical emergencies including resuscitation techniques.

We found there were appropriate arrangements in place to provide medicines when required, for example when community pharmacies were closed. The amount of medicines stored was closely monitored and controlled and we saw evidence that they were regularly checked to ensure they had not exceeded the expiry date recommended by the manufacturers to ensure their effectiveness. We saw that drugs used by GPs when consulting patients in their homes were closely controlled and monitored. All cupboards in the treatment centre that contained drugs were secured with padlocks.

We observed that all areas of the treatment centre were visibly clean. Carpets were visibly clean and there were no discernable odours. Hand sanitising liquids were placed strategically along corridors and we saw posters were displayed promoting good hand hygiene. Plentiful supplies of aprons and disposable gloves were available both within the treatment centre and in the vehicles we looked at.

Our findings

We spoke with fourteen patients and carers during the course of our inspection. All of their comments were positive and did not raise any concerns about patient safety.

We saw that the provider had a robust and rigorous procedure for recruiting staff to work at NEMS. GPs were only recruited from the practices covered by the NEMS service and thorough checks were undertaken to ensure their fitness to practice for example General Medical Council registration and inclusion on the performers list. Suitable and verifiable references were sought. GPs were also required to undertake competency testing, which included having satisfactory English language skills before starting work.

All staff at NEMS were subject to checks to ensure their suitability to work with vulnerable people. We saw that there was a thorough induction process that enables staff

Are services safe?

Spillage kits were available to enable staff to effectively deal with any spillage of body fluids such as blood. Bins used for the disposal of sharps were appropriately located and dated.

Staff told us and records showed that staff received instruction and training in infection control although we did note that the service did not have a designated infection control lead. We raised this matter with the registered manager and asked how they could be assured that new guidance and good practice was disseminated to all staff when there was no conduit in place. We were told that the clinical training manager would make sure that the information was shared. We saw that the providers infection control policy was available to staff on the computer network known as 'the hub'.

Vehicles used to take doctors to consultations and those used to transport patients to the treatment centre were clean internally and externally and staff told us they cleaned them at least weekly and more frequently if required.

We saw that there was a cleaning schedule for the treatment centre that was to be followed by the providers cleaning contractors and although it was recorded that the schedule had been adhered to there was no evidence that the provider had completed any audit to assure themselves that cleaning had been carried out as prescribed.

We saw that the provider had a safeguarding policy and found that it was freely available to staff on the computer system but all staff were also provided with a copy of it in their staff handbook. All staff received instruction and training in safeguarding vulnerable people. Staff spoke knowledgeably about safeguarding children and vulnerable adults and were able to explain in detail the action they would take had they any concerns.

Are services effective?

(for example, treatment is effective)

Summary of findings

We found that NEMS was providing effective care to a wide range of patient groups with differing levels of need often with limited information available to clinicians.

Clinicians were able to prioritise patients and make the best use of resources. We saw that reception staff at the treatment centre were able to see that a patient might need earlier intervention and took steps to ensure they were assessed by a clinician.

There was an effective system in place to ensure information about patients was shared with the patient's own GP at the earliest opportunity.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time.

Our findings

We spoke with a parent of a child who was waiting to be seen by the GP. They told us, "The family have used NEMS before and although it can sometimes be a long wait they are pretty thorough."

NEMS operated a rigorous clinical audit system where clinicians reviewed fellow clinicians practise to continually improve the service and deliver the best possible outcomes for patients. On the evening of our inspection a clinical audit meeting was taking place and we took the opportunity to attend and observe the meeting. This enabled us to witness the process and discussion regarding clinical practice. We saw that where issues were identified clinicians were sent letters advising them of the audit findings and in some cases requiring them to respond. We judged that the clinical audit system was robust and effective in ensuring that patients continued to receive high quality care and treatment.

NEMS fostered a close working relationship with other healthcare and social care providers, for example the Nottingham Emergency Dental Service, Nottingham City Council Emergency Home Care Service, Nottingham City Care Crisis Response Team and Nottingham City Council Emergency Duty Team. Close collaboration between agencies helped to ensure that patients were given the best opportunity to experience 'joined up' health and social care.

NEMS also provided out-of-hours call handling for district nurse and midwifery patients, the Sexual Assault Referral Centre, Section 12 Mental Health Assessment, the Excluded Patient List, Whatton Prison and Nottingham City Council Emergency Duty Team.

There are National Quality Requirements (NQR's) for out-of-hours providers that capture data and provide a measure to demonstrate that the service is safe, clinically effective and responsive. The service is required to report on these regularly. We saw evidence that NEMS had been fully compliant with all of the applicable NQR's throughout 2013. (NQR's eight and nine were not applicable as call handling for out-of-hours GP services was handled by the NHS 111 service).

Following a patient consultation all clinicians were responsible for completing patient notes. We saw that these were comprehensive and informative. There were good systems in place to ensure that the records were sent to the patient's own GP by the time the surgery opened the next day.

Responses from patient surveys showed a very high level of satisfaction in the service provided by NEMS. Patient feedback from the 'family and friends test' had not yet generated enough data to be useful but we were informed this would be an integral part of measuring the effectiveness of the service going forward.

Are services caring?

Summary of findings

Patients, their relatives and carers were all positive about their experience with NEMS and said they found the staff friendly, caring and responded to their needs. We observed examples of good interaction between patients and staff and noted that staff treated patients with respect and kindness and protected their dignity and confidentiality.

There was good evidence that the provider took positive steps to promote the services offered by NEMS and inform patients of what they could expect from the service through literature and a rolling television presentation displayed in the treatment centre waiting room.

Our findings

We spoke with 14 people who were waiting to be seen by the clinicians or were accompanying children or relatives. They were overwhelming complimentary about the service and in particular praised the caring and friendly nature of staff. Their comments included;

- “Staff were lovely and even gave us a cup of tea.”
- “I’ve been here before. They are really good and have time for you. My doctors keep changing so there is no consistency but you have here.”
- “I’ve used NEMS many times. Cannot fault it. Staff are always helpful.”
- “Wish my surgery cared like they do”
- “Sometimes it’s very busy and have a long wait but I understand that.”

During the course of our inspection we observed many interactions between patients and carers and clinicians and other NEMS staff. Without exception we saw that staff acted in a kind and sympathetic manner and maintained the patient’s dignity and confidentiality at all times.

We accompanied a driver when they went to collect a patient and transport them to the treatment centre. We found them to be friendly and knowledgeable and saw that they interacted with the patient in a kind and courteous manner.

We saw that the patient waiting area was warm and comfortable with adequate seating. Some health promotion and information material was available.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

We found that the provider had an effective system to ensure that, where needed, GPs could provide a consultation in patients' homes. If a patient needed to be seen in the treatment centre but did not have transport NEMS provided a patient transport service which ensured that they were able to receive a consultation by a GP (this was also suitable for patients with mobility issues such as wheelchair users). This ensured that patients who would otherwise have difficulty accessing an out-of-hours GP consultation were enabled to do so.

The provider had in place well proven systems to engage and collaborate with other health care and social care providers and had special arrangements in place to facilitate access to out-of-hours GP services through such patient groups as people confined in a nearby prison.

There was an easily accessed and transparent complaints system and we saw that any learning from those complaints was shared with staff and the public.

The provider undertook continual engagement with patients to gather feedback on the quality of the service provided. There was an effective system in place to ensure information about patients was shared with the patient's own GP at the earliest opportunity.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time.

NEMS had in place an effective patient transport system that enabled patients who did not have access to private or public transport to attend the treatment centre for consultation. This enabled the provider to respond to the needs of patients from population groups that may otherwise have difficulty in accessing the service. We also learned from a patient, and it was confirmed by staff that on occasions when the transport system is unavailable due to high demand, NEMS commission and pay for taxi's to convey patients.

The service had in place clear procedures for ensuring that patients who had difficulties in communicating, for example as a result of their first language not being English were able to access the service and understand throughout their contact with NEMS. Staff were familiar with the telephone translation service available and one staff member told us, "It's used often. In fact I've already used it this week. It's really quick and efficient."

NEMS had in place GPs who had regularly dealt with health concerns from inmates at a nearby prison and had doctors either working in the treatment centre or available by telephone who were 'approved clinicians' for the purposes of Section 12 of the Mental Health Act, enabling the service to respond, in conjunction with partner agencies to people's immediate healthcare needs.

We looked at the clinical staffing levels at the primary treatment centre and found that at the time of our inspection there were three GPs working until midnight and two from midnight until 8 am, in addition to three nurses. Non-clinical staff consisted of care co-ordinators and drivers. Staff in the Queens Medical Centre were one GP and one nurse, who ceased work at midnight.

We asked the registered manager how they decided on safe staffing levels and were told that these levels proved sufficient and that demand upon the service was surprisingly predictable. She added however that season variations could be expected, for instance the onset of the 'influenza season' placed increased pressure upon the service but additional staff were available to meet increased demand without needing to resort to locum or agency staff.

There was a transparent complaints system that showed that any complaints that had been received about the service had been responded to in an appropriate manner

Our findings

One person we spoke with told us, "I can't get an early appointment with my GP. I have to wait days so I come here." Another said, "They brought me in and took me home again which helped because my husband was ill as well."

NEMS had consistently achieved full compliance with all of the applicable NQRs for out-of-hours GP services. These included requirements that related to matching a clinician to patient need and the times taken to start consultation with patients both in the home and at the NEMS centre.

Are services responsive to people's needs?

(for example, to feedback?)

and patients were kept informed of the progress and result of any subsequent investigation. There was evidence that any learning from those complaints and other incidents was used to improve the service.

We saw evidence that NEMS conducted a patient questionnaire to which they received 416 replies. Of the respondents 96% rated the service as excellent, very good or good. The 4% of respondents who rated it as fair or poor has issues relating to car parking, waiting times and the opportunity to ask questions during telephone

assessments. We saw that NEMS had resolved the car parking issues by reaching an agreement with a nearby public house for low cost car parking. During our visit we saw that staff regularly informed patients of the waiting times and explained the reasons for them. We observed that patients were grateful to be kept informed and were accepting that some delays were unavoidable. Telephone calls had now been included in their clinical audit process and where necessary training was given to help clinicians improve their performance in this area.

Are services well-led?

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

Summary of findings

NEMS had a stable management structure; the nominated individual and registered manager was very knowledgeable and was an integral part of the staff team. They displayed high values aimed at improving the service and the patient experience. Staff that we spoke with all displayed a similar commitment. Staff turnover was low with many staff having been employed at the service for ten years or more.

There was a clear leadership and management structure and staff that we spoke with were clear in who they could approach with concerns that they might have. We saw that staff underwent an annual appraisal to enable them, amongst other things, to reflect upon their own performance with the aim of learning and improving the service. We spoke with staff who told us that when new ideas or working practices were suggested they pulled together to embrace change to instigate better outcomes for patients.

There was a clear commitment to learn from problems, complaints and incidents. We saw that NEMS demonstrated an open approach to these issues by publishing on their website details of incidents and their response to them so that they could be scrutinised by patients and the public.

NEMS had a wide range of quality assurance processes in place to continually monitor and assess the quality of service provision which included a range of audits to help identify and instigate actions to address any shortfalls.

The provider supported both clinical and non-clinical staff by providing a range of training opportunities all aimed at delivering high quality, safe care and treatment to patients. We reviewed the training records for staff and saw that training was relevant and up to date. The provider had produced a leaflet that was freely available throughout the building that detailed the opportunities to take part in mandatory training for 2014 and gave detailed instructions on how to book their session. During our inspection we took the opportunity to observe eight members of staff receiving training in mental capacity, equality and diversity and information governance.

Staff that we spoke with and records we saw confirmed that the provider undertook an annual appraisal with staff to enable them, amongst other things, to reflect upon their own performance with the aim of learning and improving the service.

There was a commitment to learn from problems, complaints and incidents and we saw that NEMS demonstrated an open approach to these issues by publishing on their website details of incidents and responses for the public to see. We saw evidence that in the year September 2012 to September 2013, the provider received and investigated 31 complaints of which 25 were upheld. Summaries of the complaints, themes and any lessons learned were presented at each NEMS Board meeting and shared with the commissioners of services. This demonstrated a clear commitment by NEMS to present a clear and open culture that encouraged transparency and promoted the delivery of high quality care.

Our findings

There was a clear focus on clinical excellence and a desire to achieve the best possible outcomes for people, whether that was achieved from the patient contact with NEMS or through referral to another healthcare or social care provider.

The service operated an 'open culture' and actively sought feedback and engagement from staff all aimed at maintaining and improving the service.