

# Sentinel Healthcare South West CiC

## Inspection report

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Date of inspection visit: 4 June 2021  
Date of publication: 03/08/2021

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

## Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

**This service is rated as Good overall.** (Previous inspection May 2019 – good overall and in all domains).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive at Sentinel Healthcare South West CIC on 4 June 2019, as part of our inspection programme.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of diagnostics and screening, minor surgery and the treatment of disease, disorder and injury.

The service was accessible to people who were referred to use it. Some services were provided on behalf of NHS services. For example, diabetic education, support services for GP practices and the facilitation of healthcare apps for patients with long term conditions. Some services were private, for example, minor surgery which is no longer provided on the NHS.

As part of the national emergency response associated with COVID19, Sentinel had been redeployed to run hot hub centres in West Devon in order to provide much needed support to General Practice and the wider health system, and to alleviate the pressure on 999 services.

The service had a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We were unable to speak with patients on the day of the inspection but looked at comments received by the service on the activities carried out. All comments were positive.

# Overall summary

## Our key findings were:

- The service had safety systems and processes in place to keep people safe. There were systems to identify, monitor and manage risks and to learn from incidents.
- There was an effective system for reporting and recording significant events. The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- Complaints had been dealt with in line with the regulations.
- Staff told us that their morale was good, that they felt supported by the leadership and involved in decision making at the service.
- Regular team meetings were held and there was an online training system for staff.
- There were systems, processes and practices in place to safeguard patients from abuse.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- Staff treated patients with compassion, respect and kindness and involved them in decisions about their care.
- There was a clear strategy and vision for the service. The leadership and governance arrangements promoted good quality care.
- Procedures were managed safely and there were effective levels of patient support and aftercare advice.
- The service had processes in place to securely share relevant information with others such as the patient's GP, NHS organisations, safeguarding bodies and private healthcare facilities.
- The service encouraged and valued feedback from patients through internal surveys and a feedback function on their website.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

## Background to Sentinel Healthcare South West CiC

Sentinel Healthcare South West CIC operates from headquarters at, Unit 1, 5 Research Way, Plymouth Science Park, Plymouth, PL6 8BT.

Sentinel Healthcare are registered to provide the following regulated activities:

- diagnostics and screening services
- treatment of disease, disorder or injury
- surgical procedures

Sentinel Healthcare South West Community interest Company (CiC) is owned by shareholders of GPs and practice managers in Plymouth, West Devon and South Hams. They provide services for patients and medical professionals in Devon and Cornwall. It is a 'not for profit' social enterprise company which expands patient centred services and invests any surplus in further patient services.

The service is funded both by the NHS and privately. NHS patients are referred by their GPs and private patients self-refer.

Sentinel Healthcare work with the local clinical commissioning groups, NHS England and other organisations. It provides NHS services, private services and shared services.

Services provided on behalf of the NHS include dermatology, ear, nose, and throat (ENT), vasectomy, cardiology, a musculoskeletal (MSK) interface service, diabetes structured education, and chronic fatigue syndrome.

Shared services include a training hub (training and development opportunities for health professionals) and disclosure barring service (DBS) checking facilities.

Private services offered include minor surgery which started in 2018 as it was no longer provided on the NHS.

As part of the national emergency response associated with COVID19, Sentinel had been redeployed to run fever centres in West Devon. This was to provide much needed support to General Practice services and the wider health system, and to alleviate the pressure on 999 services. They had also helped establish and run the Pavilions Vaccination Centre which delivered over 58,000 vaccinations.

The service is led by a strategic director and operations director who coordinate a team of up to 80 administration and clinical staff. Clinical staff include GPs with special interest (GPwSI), extended scope practitioners (physiotherapists), podiatrists, occupational therapists, hospital consultants, osteopaths, nurses, practice nurses and health care assistants.

Sentinel Healthcare rents clinical and office space across 11 different locations including community hospitals, GP practices and Derriford hospital. They provide clinical services close to the patient population which reduces the need for patients to visit large acute hospitals in the locality. The service also rents other locations for health education and non-clinical purposes. These include community centres, libraries, village halls and hotel conference facilities.

Office hours are 9am to 5pm Monday to Friday.

## How we inspected this service

As part of the preparation for the inspection, we reviewed information provided for us by the service. In addition, we reviewed the information we held on our records regarding this service. During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we spoke with staff, looked at systems and reviewed documents relating to the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## We rated safe as Good because:

The service had established safety processes to keep staff and patients safe. This included safeguarding people from abuse, minimising the risks to patient safety and reporting incidents.

- The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There were effective arrangements in place for the management of medicines.
- There was a system in place for reporting and recording incidents including significant events. Lessons were shared to make sure action was taken to improve safety in the service.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

## Safety systems and processes

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

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had policies and systems to safeguard children and vulnerable adults from abuse. Policies were readily available with details of relevant local authority safeguarding teams and company contact details. All staff received relevant safeguarding training in line with the role they carry out.
- 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.
- A staff member we spoke with was able to identify learning from a safeguarding incident and were confident they would recognise signs of potential abuse.
- The service 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).
- At our previous inspection in 2019, we identified that the service should review arrangements for recruiting staff to make sure all required information was available. We previously identified that full employment history was not always obtained for staff prior to them starting work for the service. At this inspection we reviewed three staff files and found that the required information had been obtained.
- All staff received up-to-date safeguarding and training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). This was monitored from the service's head office and annual IPC audits were conducted for each location. The audits were carried out with a staff member from the head office and one from the location where activities were carried out. We saw documentation including health and safety and fire risk assessments which confirmed this.
- The service sought assurance from the different locations, that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw documentation, including portable appliance testing which confirmed this.
- The service sought assurance from the different locations, to make sure that appropriate environmental risk assessments were completed.

# Are services safe?

## Risks to patients

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

**There were arrangements for planning and monitoring the number and mix of staff needed.**

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had received training on anaphylaxis (a severe life-threatening allergic reaction), first aid and basic life support, to enable them to respond appropriately if needed.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patients were asked for consent for the service to send treatment details to their GP and any other relevant healthcare professionals.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

**The service had reliable systems for appropriate and safe handling of medicines.**

- The service sought assurances from the different locations that systems for managing medicines minimised risks. For example, vaccines, controlled drugs, emergency medicines and equipment. We saw risk assessments and other documentation which confirmed this.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines were in date and staff kept accurate records of medicines.

## Track record on safety and incidents

**The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues. This applied to both the head office and locations where services were provided. These risk assessments included premises and equipment and covered topics such as fire, control of substances hazardous to health, security and staff welfare.
- The service monitored and reviewed significant events and risk assessments which helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

**The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- All incidents relating to treatment were reviewed by the service's medical standards team. so that any trends or common errors could be identified, investigated, and rectified.

# Are services safe?

- The service wrote and apologised to patients and gave explanations and information relating to events that had occurred.
- The service was aware of and complied with the requirements of the duty of candour. Where necessary, they would write to a patient, provide an apology, explain what had happened, and ensure that the patient was satisfied with the response.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective system in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

## **We rated effective as Good because:**

The service reviewed and monitored care and treatment to ensure it provided effective services. They carried out audits to assess and improve quality, including those on consent. Staff received training appropriate to their roles.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed needs and delivered care in line with current evidence based guidance.
- Clinicians understood the requirements of legislation and guidance when considering consent including parental consent.
- Clinical audits demonstrated quality improvement.

## **Effective needs assessment, care and treatment**

**The service 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 (relevant to their service).**

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions with all patients receiving the same high level of care.
- Arrangements were in place, by flags on the patient record to deal with those patients who made frequent, and sometimes, inappropriate or repeated use of the service.
- Staff advised patients (particularly when undergoing minor surgical procedures) of any side effects and risks, including pain, and had the necessary tools to assess patients' pain.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. Patients were asked to complete a feedback form should they have any post-operative complications. The results of these were collated using an automated system. Results from the last 12 months showed that of 986 procedures no complications had been reported and infection rates were below 2%.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality with comments from patients and outcomes from clinical audit being acted on.

## **Effective staffing**

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

- All staff were appropriately qualified. The service had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) / Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The service 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.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

# Are services effective?

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, all two week wait referrals were monitored and checked to ensure they were made in the correct timescale.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's medical history including test results and prescribed medicines. Where this information was not available, we saw examples of patients being signposted to more suitable sources of treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The service had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

## Supporting 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.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified and highlighted to patients and where appropriate their regular health care provider was also notified for additional support. For example, the service monitored blood test results on behalf of the local clinical commissioning group for patients diagnosed with diabetes. If the test results indicated areas of concern such as high cholesterol, the information was shared with relevant clinicians for further action. The service worked with hospital consultants and community staff to provide group consultations with diabetic patients to give information on managing their condition.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service.

## Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## We rated caring as Good because:

- Information for clients about the services available was easy to understand and accessible.
- Staff treated patients with kindness and respect and maintained client and information confidentiality. This was supported by patient feedback received through patient surveys conducted by the service.

## Kindness, respect and compassion

### Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received
- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## Involvement in decisions about care and treatment

### Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Comments received from patients showed that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the treatment available to them.
- Staff communicated with people in a way that they could understand. For example, communication aids and easy read materials were available.
- Interpreters could be arranged if required, this was usually through a telephone service.

## Privacy and Dignity

### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## We rated responsive as Good because:

- The service understood its patient profile and had used this to meet their needs.
- Patients said they found it easy to make an appointment.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other partnership organisations.

## Responding to and meeting people's needs

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

- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- The service understood the needs of their patients and improved services in response to those needs. Sentinel Healthcare offered both NHS services and private services. The service worked for local clinical commissioning groups, private healthcare organisations and other NHS organisations including NHS Trusts.
- The service demonstrated that they understood the needs of the local health community and had used this understanding to fill health care gaps, support additional services and meet patient needs.

The service provided care and treatment from clinical staff across various locations. These services included:

- Cardiac care following referral from a GP. General Practitioners with a special interest (GPwSI) offer assessment and diagnostic services.
- A GPwSI and Occupational Therapists offered a chronic fatigue service.
- Regular outpatient clinics at the Mount Gould Local Care Centre offered by General Practitioners with a special interest (GPwSI) in dermatology and skin conditions.
- Diabetes type 2 patient education programmes by nurses and dietitians.
- Outpatient assessment and treatment clinics from a GP with a special interest in ear nose and throat medicine.
- GP run clinics for shoulder, knee, foot and ankle conditions.
- A vasectomy service from a number of community settings.

The service also provided, and was involved in additional services and projects. For example, the service had a contract to deliver a NHS approved app to collect data and provide advice as well as rehabilitation exercises and health education advice to patients with diabetes and Chronic Obstructive Pulmonary Disease (COPD).

Sentinel offered private healthcare for services no longer available on the NHS. For example, minor dermatology services. These include minor lumps and bumps, skin tags, mole, cyst and wart removal.

The service also provided support services for GP practices in the area. These included completing disclosure and barring scheme (DBS) checks on staff and the provision of a DPO (Data Protection officer).

The website for the service was very clear and easily understood. It also contained information on services available, fees payable, procedures and aftercare.

## Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

# Are services responsive to people's needs?

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. Patients consent was sought so that data sharing through computer systems was allowed when a patient was receiving treatment from the service. This allowed the service to access patient records held by other services and update them based on treatment given.

## 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. Staff treated patients who made complaints compassionately.
- The service informed patients of further action they were able to take should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a patient had a hospital referral rejected. The service investigated this concern and found that there was insufficient information in the referral letter to enable it to be accepted. This was shared with the clinician who made the referral and also at the service's quarterly governance meeting. Another referral was sent for the patient which was accepted.

# Are services well-led?

## We rated well-led as Good because:

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership and management structure and staff felt supported by management.
- Staff had received comprehensive inductions and attended staff meetings and training opportunities. There was a strong focus on continuous learning and improvement at all levels.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The service was aware of and complied with the requirements of the duty of candour. The service encouraged a culture of openness and honesty.

## Leadership capacity and capability

### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisals and career development conversations. All staff had received an appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

# Are services well-led?

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. We saw evidence of action taken by the service to change services to improve quality.
- The service had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

**The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## 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 encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service actively sought feedback from patients and results showed there was a satisfaction rate of 4.8 out of 5. Patients were able to provide feedback online, verbally and in writing.
- There were systems to support improvement and innovation work. The service delivered the Devon Community Education Provider Network (CERN) service, which supported the recruitment of new staff into general practice and developing the skills of existing staff. The CERN service provided training, education and workforce support across the county of Devon. Other healthcare services were also able to access the CERN service, including pharmacies, care homes and community-based services.
- Staff told us about the systems in place for them to give feedback. We saw evidence of feedback opportunities for staff and how the results were fed back to staff.

# Are services well-led?

- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

**There was evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.