

WALDOC Communication Centre

Quality Report

WALDOC Communications Centre
The Old Stables,
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Website: www.waldoc.co.uk

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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.

Ratings

Overall rating for this service	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	

Key findings

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Letter from the Chief Inspector of General Practice

This service is rated as Good overall. (Services not previously inspected)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at WALDOC Communications Centre 13 March 2018. This was part of our inspection programme.

At this inspection we found:

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

- Patients were able to access care and treatment from the service. Comments received from patients demonstrated that appointments were offered at convenient times for patients.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- There was clear leadership and staff felt supported by management.

The areas where the provider **should** make improvements are:

Complete all employment checks consistently and in line with the newly refreshed recruitment policy.

Include detail about severe infections and associated conditions into existing protocol for call handlers determine call is a priority.

Formalise the root cause analysis process for incidents and complaints.

Record that infection control action plan actions have been completed.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

WALDOC Communication Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to WALDOC Communication Centre

WALDOC Communications Centre, known locally as WALDOC, has existed by name since 1996 however, it has slightly altered form and function over time. In its current form it has been running an in hours cover arrangement for GP practices within Walsall for the last four years. The current directors of the service took over in September 2017. The service provides GP cover arrangements through three clinical Hubs, which are based within the premises of other healthcare providers. These hubs provide service to the entire Walsall population. The service is registered with CQC for both remote medical advice and treatment service.

The service also provides remote medical advice through its communication centre. During the winter of 2017 / 2018, the service has participated in Walsall Clinical Commissioning Groups' (CCG) winter pressure initiative.

The communication centre is open from 8am to 9pm Monday to Friday and 10am to 3pm on Saturday and Sunday. Waldoc provides a telephone answering service for GP practices during the times of 8am-6.30pm and provides clinical cover on Wednesday, Thursday and Friday 1pm to 6.30pm, when some GP Practices have half day closing. For the winter pressure initiative, the service is available from 6.30 pm to 9pm Monday to Friday and 10am to 3pm Saturday and Sunday.

WALDOC is located at The Old Stables, Elmore Court, Elmore Green Road, Bloxwich, Walsall,

WS3 2QW.

The service website is: www.waldoc.co.uk

The service operates from three clinical Hubs: Pinfold Health Centre, Broadway Medical Practice and Darlaston Health Centre. As part of this inspection, we also visited the WALDOC facilities at the Pinfold Health Centre. The hubs at the Broadway Medical Practice and Darlaston Health centre were not inspected as part of this inspection.

Why we carried out this inspection

We carried out this inspection as part of our inspection programme.

Are services safe?

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 had systems to safeguard children and vulnerable adults from abuse. The service worked within the policies and procedures it developed to include local guidance and all aspects of modern life, including modern slavery. The policy was under review at the time of the inspection and the provider sent us an updated version after the inspection. We saw that the refreshed policy included female genital mutilation (FGM) and domestic violence.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The service worked to the local Clinical Commissioning Group CCG safeguarding guidelines and flow charts and contacts were available in all hub packs. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received chaperone training and a DBS check. 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).
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The provider had been inconsistent in checking the employment history of all staff and steps taken to ensure staff were of good character. Immediately after our inspection, the provider sent us all of the relevant information. The staff model was to use mainly local staff.
- There was an effective system to manage infection prevention and control. The service had detailed service level agreements with each of the three hubs to receive

assurances in relation to cleaning schedules and infection control audits. The service had copies of all relevant infection control audits and the follow up action plans. However, they did not have assurances that the action plans had been completed. The agreements included confirmation that legionella risk assessments had been carried out and when. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings). The main site had booked their legionella risk assessment for later this year and the confirmation was recorded in the health and safety file.

- The provider conducted safety risk assessments. It had safety policies, including fire and Health and 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, whom to go to for further guidance.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The CCG had set a requirement for the number of clinical staff required for the provision of the service. There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role. There was an induction folder for all staff with the on call managers contact details.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. For example, patients with chest pain or fitting (seizure).
- Although there was a clear flow chart to help non-clinical call handlers prioritise calls to doctors for triage it was not clear how non-clinical staff could identify serious infection. The provider took steps to address this at the time of inspection.

Are services safe?

- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- We looked at the arrangements at the Pinfold hub. We were told all three hubs had the same arrangements. Staff we spoke with confirmed this. The Pinfold hub had a secure cabinet with a clinical equipment bag, a small quantity of stock and a hub folder, which contained procedures and emergency contacts. There were checklists for the bag and set up at the hub for the start of each clinical session. We could see that a clinician had recorded running out of hand gel and that this had been replaced.

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 electronically and emailed to the patients own surgery by 8am the next working day. This provided a clear record of the attendance and the findings so that the registered GP could continue the patients care if required. 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.
- 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 level agreement between the service and the three hubs included detailed arrangements for managing medicines, including medical gases, emergency medicines and equipment and minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including pharmacies, NHS111 service and urgent care services. We reviewed the only serious event the service had and saw that the event and learning had been shared with all staff via the internal newsletter.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service demonstrated that it reviewed, learned and shared lessons, identified themes and took action to improve safety in the service. The service had a staff newsletter in which they shared events and learning. However, the process for root cause analysis had not been formalised at the time of our inspection.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

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 the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Care and treatment was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable. The service was set up to treat patients registered with a Walsall GP only. We saw that call handlers were sensitive to the needs of homeless and unregistered patients and directed them to the Urgent Care Centres within Walsall.
- Telephone assessments were carried out using a defined operating model. A priority system was in place with staff redirecting patients to 999 when required. The priority protocol was detailed in most places apart from the identification of severe infection. All call handlers were non-clinical. The provider had commenced a review of this protocol.
- Patients were booked with either a GP or a health care professional such as a nurse prescriber, an advanced nurse practitioner or a clinical pharmacist.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- When staff were not able to make a direct appointment on behalf of the patient 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.
- When home visits were requested or required a doctor triaged these.

- The service had a service specification with the local CCG to provide this service rather than a formal contract. There were performance monitoring requirements in place and we saw that the service was well above target with these measures.

Monitoring care and treatment

- The service was involved in quality improvement activity. They were monitored directly by the local CCG as part of their service specification. The service undertook clinical and medicine audits and planned to review criteria for the next year's clinical audit. The service used key performance indicators (KPIs) based on the National Quality Requirements that had been agreed with its CCG to monitor their performance and improve outcomes for people. KPI's are measures of quality of service, which, for this type of service are based upon the National Quality Requirements in the Delivery of Out-of-Hours Services (NQR). These quality requirements (NQR) are national set quality indicators with which all providers of Out of Hours services must comply. Although the service was extended hours rather than an Out of Hours service, the CCG was applying broadly similar measures.
- The national standard for the minimum number of rings for a telephone to be answered was six. The CCG had not imposed this standard on the service. The service told us they aimed to answer the phone as quickly as possible. From our observations on the day all calls were answered within six rings.
- The service monitored patient feedback one week in every month and reported this to the CCG. Results were available from January and February 2018 and these were all very positive.
- The types of condition and the age group of patients who booked appointments were monitored and recorded.
- Capacity and number of appointments were monitored and the service met the target required by the CCG.
- 80% of patients seen were contacted by their own GP following their appointment with WALDOC. The service told us they had reviewed the scope of registration and had considered adding diagnostics and treatment as a regulated activity to their registration.
- The service was generally meeting its locally agreed targets as set by its commissioner and received positive feedback from the CCG.

Are services effective?

(for example, treatment is effective)

- The service planned to make improvements with use of completed audits. They had a forward plan for four clinical audits for the oncoming year.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire and hand hygiene.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided 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 provider provided staff with ongoing support. This included one-to-one meetings, appraisals, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision-making, including non-medical prescribing. However, temporary staff had not yet received their appraisal and this was planned for April 2018.
- There was a clear policy in place for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, for example, when patients were handed over to the Out of Hours service. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.

- 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.
- 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 in vulnerable circumstances. The service was unable to see patients that were not registered with a Walsall GP. They referred these patients to Walsall's Urgent Care Centres.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them.
- Issues with the Directory of Services were resolved in a timely manner. For example when the service first supported the winter pressures initiative there was confusion about patients being able to walk in. The service does not provide a walk in service and this was quickly resolved.

Helping patients to live healthier lives

Staff were opportunistic in supporting patients to manage their own health and maximise their independence.

- Where appropriate, staff 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. The service used the same system as the local GPs and was able to access the patients' records. All patient consultation notes were electronically transferred to the patients registered GP via this system which ensured it was not overlooked.
- 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

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

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

Are services effective?

(for example, treatment is effective)

- The provider monitored the process for seeking consent appropriately.

Are services 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.
- 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. There were clear flow charts and pathways for people in vulnerable circumstances.
- All but one of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. This was supported by the patient feedback received by the service and from external stakeholders (local councillors and the CCG).

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. The service had arrangements in place for interpreter services and call handlers knew how to access this. Patients were also told about multi-lingual staff who might be able to support them.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers, or social workers were appropriately involved.
- 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.

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. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

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 provider understood the needs of its population and tailored services in response to those needs. For example, it was able to offer a choice of time and location as it provided service from three hub locations. The provider engaged with commissioners to secure improvements to services where these were identified. The service monitored the number of appointments from other registered practices as the CCG required, to inform the provision of GP appointments.
- The provider offered services to the whole population of Walsall and was well versed in the Walsall CCG health priorities and needs.
- The facilities and premises were appropriate for the services delivered. The hubs were all purpose built sites with easy level access suitable for people of all abilities.
- The service made reasonable adjustments when people found it hard to access the service. For example people who were unable to get to a hub were offered a home appointment.
- An assessment and prescribed treatment were offered when required.
- Patients were signposted to emergency services for urgent treatment. For example urgent care centres or hospital.
- The service was responsive to the needs of people in vulnerable circumstances. For example, the provider worked closely and signposted patients to community health professionals and urgent care services.

Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The communication centre operated from 8am to 9pm Monday to Friday and from 10am to 3pm on Saturday and Sunday. Waldoc provided a telephone answering service for GP practices during the

times of 8am to 6.30pm and provided clinical cover on Wednesday, Thursday and Friday 1pm to 6.30pm, when some GP Practices had half day closure. For the winter pressure initiative, the service operated from 6.30 pm to 9pm Monday to Friday and 10am to 3pm Saturday and Sunday.

- The service did not see walk-in patients and a 'Walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment, for example patients were asked to call the communication centre, or referred onwards if they needed urgent care. All staff were aware of the policy and understood their role about it, including ensuring that patient safety was a priority. The service had received one walk-in patient who required immediate attention and they treated them and referred onto 999.
- The service was meeting its locally agreed targets as set by its commissioner. For example a minimum of two clinical prescribers at every session one of whom must be a GP
- Waiting times, delays and cancellations were minimal and managed appropriately. The service monitored all missed appointments and shared these with the CCG and the patients registered GP.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use; the received CQC comment cards and the patient satisfaction survey confirmed this.

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. Staff treated patients who made complaints compassionately. The service had plans to develop their external website to receive complaints comments and compliments.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed both complaints and found that they were satisfactorily handled in a timely way.

Are services responsive to people's needs? (for example, to feedback?)

- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. For example, a misunderstanding that the service offered a walk in service was quickly resolved.

The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

We rated the service as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges in the local health economy and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service planned to refresh its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values. Leaders visited all hubs on a daily basis to provide continued support to staff.

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. Learning from all incidents and complaints was shared in the staff newsletter. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All permanent staff had received regular annual appraisals in the last year. Temporary staff had planned feedback for April 2018. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses and clinical pharmacists were considered valued members of the team.
- 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 management.

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 had planned annual reviews. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

Good 

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

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. They told us that they had a priority list for reviewing all policies and procedures and would plan to ensure these documents were up to date and relevant.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints. MHRA alerts were shared with all staff via the internal intranet. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had not been carried out in the year to date but the service had a plan for the next year.
- The providers had plans in place for major incidents. They were not part of the emergency plan for the area but were prepared to support the plan if required.

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.
- 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.

- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to the local CCG as required.
- There were effective 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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The CCG had shared patient comments with us, these had all been positive.
- Staff were able to describe to us the systems in place to give feedback for example call handlers would ask patients about their experience at the end of the call. Staff who worked remotely were engaged and able to provide feedback through daily contact with managers. We saw that the service had recently undertaken a staff survey and that they had not yet received all of the results. The findings would be shared with staff via the newsletter.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service.
- Staff knew about improvement methods and had the skills to use them.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The service monitored the level of service provided which included response times to treat patients and the number of appointments booked, the type of conditions patients presented with and the ages of the patients treated.

Are services well-led?

Good 

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

The provider had a positive relationship with the local CCG and was committed to supporting healthcare initiatives within the community.