Lawson Street Health Centre

Inspection report

Health Centre
Lawson Street
Stockton-on-tees
TS18 1HU
Tel: 01642061047

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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 location	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Overall summary

This service is rated as Outstanding overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Lawson Street Health Centre as part of our inspection programme. This was the first time we had inspected this service.

We looked at the key questions is the service safe, effective, caring, responsive and well-led.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our finding

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected;
- information from our ongoing monitoring of data about services; and
- information from the provider, patients, the public and other organisations.

We have rated this provider as Outstanding overall. We rated the service as outstanding overall because:

Overall summary

- The provider was at the forefront of innovation and worked with partners to effectively meet the needs of their local community. Leaders were proactive in identifying and tackling challenges to the provision of good quality care. The provider demonstrated exceptional partnership working and spearheaded new approaches to tackle emerging risks to people's health at a time of national emergency. The service had been one of the first of four areas to participate in the 'Oximetry@home' pilot, which was then rolled out nationally.
- The provider's approach to service delivery had integration at the heart of any service development. We saw evidence of how the service worked in coordination with others and demonstrated agility to meet the needs of the local population. We found the service was delivered very effectively in partnership, during a time when there was much uncertainty internationally about how the pandemic would develop and how the health economy could react to safeguard patients from COVID-19, particularly those who were most clinically vulnerable.
- Leaders worked in partnership and developed relationships across other organisations to ensure services were joined up and there were open discussions on how to work well together to meet the needs of the local community. They demonstrated proactive leadership in supporting multi-agency learning and improvement. This led to change and improvement.
- There was a clear vision and strategy to deliver high quality, sustainable care which met the needs of the local community. The service culture was clearly to innovate to support this. We found leaders had a clear focus on building a positive, patient safety culture within the organisation.

At this inspection we also 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 they provided. They 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 within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

Background to Lawson Street Health Centre

The provider of this service is Hartlepool and Stockton Health Limited, which is a federation serving the needs of the population of the Hartlepool and Stockton area. The Federation is made up of 33 general practices, with a population of about 300,000, spanning seven Primary Care Networks (PCNs) in the Tees Valley Clinical Commissioning Group (CCG). Further details can be found on the provider's website at www.hartlepoolandstocktonhealth.co.uk.

This service was set up in 2020 to provide face-to-face healthcare appointments for patients in the local area who had either tested positive for or had symptoms that indicated infection with COVID-19. They are known as Covid Care Clinics in the local area. Services of this type are also known as hot-sites or hot-hubs. They provide a patient pathway that minimises any potential COVID-19 transmission and to separate people who are potentially infectious from other people seeking healthcare. However, patients attending these sites may have any clinical condition requiring face-to-face assessments.

They also provide the local COVID-19 'Oximetry@home' service. This service supports people at home who have been diagnosed with coronavirus and are most at risk of becoming seriously unwell.

At the time of the site visit, the need for these services to continue was being reviewed by commissioners in light of the evolution of the Governments approach to managing the pandemic.

This service provides in-hours health care across two sites:

- Lawson Street Health Centre, Health Centre, Lawson Street, Stockton-on-tees, TS18 1HU
- One Life Hartlepool, Park Road, Hartlepool, Cleveland, TS24 7PW

As part of this inspection we visited the Lawson Street Health Centre site, as well as the administrative base at:

- Hartlepool and Stockton Health Ltd, 21 Gloucester House, 72 Church Road, Stockton-on-Tees TS18 1TW

We did not visit One Life Hartlepool during this inspection but reviewed documentation relating to the premises and service delivery.

The clinical sites are located in existing health care accommodation used by other regulated GP practices and hospital services. The federation employs their own staff.

The service is delivered by a multiskilled clinical team including nine GPs (seven male and two female) and seven practice nurses (all female). They are supported by an administrative team comprising of 11 receptionists. The service is led by Hartlepool & Stockton Health leadership team including both clinical and operational expertise. The team support both the COVID Care Clinics and 'Oximetry@home'.

The services operate at both sites as follows:

- Monday to Friday 10am to 5pm.

Patients can access appointments via the NHS 111 service or their own GP practice; they can arrange face to face appointments. The service for patients requiring urgent medical care outside of these and the GP surgery hours is provided by the NHS 111 service.

Good

Are services safe?

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.

- There was a lead member of staff for safeguarding processes and procedures. Policies covering adult and child safeguarding were accessible to staff. We saw that clinical staff had been trained to safeguarding children level three. Staff we spoke with knew how to identify and report concerns. There were systems to identify vulnerable patients on the clinical record system.
- The safeguarding lead described local safeguarding arrangements, which were outlined in the safeguarding policies. The provider told us there had been no safeguarding children or adult referrals in the past 12 months relating to this service, but there were referrals made from their other services.
- 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 a DBS check.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The provider conducted safety risk assessments. They had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- There was an effective system to manage infection prevention and control. The covid care clinics were operated from existing health care accommodation also used by other regulated GP practices and hospital services. We visited the Lawson Street Health Centre site and observed the premises to be clean and tidy. We reviewed documentation relating to the Hartlepool One Life site, which assured us similar processes were in place across both premises. We found the provider had implemented effective arrangements to reduce the risk of the spread of COVID-19. We saw there were systems and processes in place to manage infection prevention and control (IPC), including IPC audits. The provider had nominated an IPC lead.
- 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. There were no walk-in or non-pre-booked appointments. Consequently, there was no requirement for any system for dealing with surges in demand. Leaders told us they did not use bank or agency staff and had been able to build relationships with staff within their member practices and employed staff to manage staffing requirements to deliver effective services.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- 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.

Good

Are services safe?

- The provider held a risk register. We saw that all identified risks had been assessed to define the level of risk by considering the category of probability against the category of impact on the service. All risks had been allocated a red, amber, green (RAG) rating based on this assessment. We saw that the provider regularly monitored this.

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 assurance systems in place demonstrated the 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.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, minimised risks. The service had taken action to increase the oxygen supply following a significant event and we noted there was now a good supply on site.
- The service carried out regular medicines audit 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. 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 them 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.
- We found leaders put high importance on the patient and staff safety.

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.

Good

Are services safe?

- 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. For example, following an incident where they were treating a patient who had deteriorating symptoms of COVID-19 with oxygen whilst awaiting an ambulance. The response time was longer than anticipated, which led to them running low on oxygen. As a result, they have increased the stock of oxygen cylinders from two to five to reduce the risk of this occurring again.
- 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 staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service.

Outstanding ☆

Are services effective?

We rated the service as outstanding for providing effective services because:

- The safe use of innovation and pioneering approaches to care and how it was delivered was actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care. The provider was at the forefront of innovation and worked with partners to effectively meet the needs of their local community. Leaders were proactive in identifying and tackling challenges to provision of good quality care. The provider demonstrated exceptional partnership working and spearheaded new approaches to tackle emerging risks to people's health at a time of national emergency. The service had been one of the first of four areas to participate in the 'Oximetry@home' pilot, which was then rolled out nationally. The provider was able to demonstrate positive outcomes for the vast majority of patients who used this service.
- Staff, teams and services were committed to working collaboratively. People who had complex needs were supported to receive coordinated care and there were innovative and effective ways to deliver more joined-up care to people who use the service. The provider's approach to service delivery had integration at the heart of any service development. We saw evidence of how the service worked in coordination with others and demonstrated agility to meet the needs of the local population. We found the service was delivered very effectively in partnership, during a time when there was much uncertainty internationally about how the pandemic would develop and how the health economy could react to safeguard patients from COVID-19, particularly those who were most clinically vulnerable.

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.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment were delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The service proactively contacted patients to allay any fears about attending a covid care clinic prior to the appointment time and answer any questions patients may have. This also enabled the service to identify any vulnerabilities or access issues, which might impact on attendance for appointment. They then, where appropriate, put plans in place with the patient and if appropriate signposted them to other services. For example, early in the pandemic they had signposted patients to services to support with the delivery of groceries for those who had to self-isolate.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- Technology and equipment were used to improve treatment and to support patients' independence. For example, the service was one of the first nationally to implement the 'Oximetry@home' service for those patients with COVID-19 who were also clinically vulnerable. They won a sector press award for patient safety in 2021. They had worked with partners to ensure where patients had been assessed by the 'Oximetry@home' team as needing to be admitted to hospital, this happened without the need for reassessment by, for example, the local ambulance or hospital service.
- A regular newsletter was sent by the medical director of the service to keep staff informed and updated. They also circulated case studies to clinicians to highlight learning for the team, such as unusual presentations of uncommon conditions. In the one we viewed (April 2021) it covered uncommon venous thrombosis, which at the time was emerging as a rare side effect of a particular type of COVID-19 vaccination.

Monitoring care and treatment

Outstanding ☆

Are services effective?

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The safe use of innovation and pioneering approaches to care and how it was delivered was actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care. The provider demonstrated exceptional partnership working and spearheaded new approaches to tackle emerging risks to people's health at a time of national emergency. For example, the service had been one of the first of four areas to participate in the 'Oximetry@home' pilot. The 'Oximetry@home' service operated across the Teesside area and covered a population of 700,000 patients.

Partners included three acute hospitals; three GP Federations; the local ambulance service, the local clinical commissioning group (CCG); five local authorities; 14 primary care networks and 80 GP practices. We found the service was delivered very effectively in partnership, during a time when there was much uncertainty internationally about how the pandemic would develop and how the health economy could react to safeguard patients from COVID-19, particularly those who were most clinically vulnerable.

Initial evaluation of the pilot was carried out by Imperial College and Central Government. The outcome of this was the implementation of 'Oximetry@home' as an urgent national project delivered across England by December 2021. The data collection used to evaluate the pilot was amalgamated from multiple different models making it difficult to disaggregate the impact of the Tees Valley Methodology.

Overall, from when the service started in July 2020:

- 2,653 patients had been referred to the service;
- 2,217 had been admitted to the service;
- 2,200 had been discharged from the service.

Of the 2,200 patients discharged:

- 88.7% (1,952) where care was completed;
- 1.8% (39) declined further treatment;
- 1.1% (24) were discharged as non-compliant with the scheme;
- 8.3% (182) were admitted to hospital, and;
- 0.2% (3) patients died.

The provider has shared their approach through webinars and the NHS Futures platform to share good practice and learning with others across the sector.

Evaluation of patient feedback in relation to this scheme was positive. Of the 41 patients who responded, 97.6% stating they would rate their experience as good or excellent; 95.1% were reassured by using the service and 87.6% would recommend the service to family and friends.

- The service made improvements through the use of completed audits. 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. For example, the service carried out an audit of paediatric respiratory symptoms prior to the winter of 2021, to assure themselves that diagnosis and clinical recording were appropriate prior to the expected rise in children presenting with respiratory symptoms to the covid care clinics which could be bronchiolitis. Of the 15 cases examined, all but one met the standards set. Following evaluation and feedback from GPs it was identified that it was difficult to obtain a satisfactory trace from a pulse oximeter, even with a paediatric probe. Therefore, in November 2021, specific paediatric pulse oximeters were obtained for each clinic.

Outstanding ☆

Are services effective?

- The service was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- There was a schedule of clinical notes and prescribing reviews. Outcomes were fed back to clinicians. Clinicians we spoke with confirmed this.

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 health and safety; infection prevention and control, incident reporting and safeguarding.
- 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 protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how they ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Coffee and Curriculum (local face to face training) sessions were provided to update clinical staff on relevant areas of interest such as sepsis, heart failure, transgender awareness, veterans' health, mental capacity and arrythmias.

Coordinating care and treatment

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

- Staff, teams and services were committed to working collaboratively. People who had complex needs were supported to receive coordinated care and there were innovative and effective ways to deliver more joined-up care to people who use the service. The provider's approach to service delivery had integration at the heart of any service development. We saw evidence of how the service worked in coordination with others and demonstrated agility to meet the needs of the local population.
- The systems to manage and share information that was needed to deliver effective care were coordinated across services and supported integrated care for people who used the service. 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. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staffcommunicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure patients were referred to other services for support as required, for example the local social prescribing scheme.
- 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 vulnerable because of their circumstances.

Outstanding ☆

Are services effective?

- There were clear and effective arrangements for transfers to other services from the 'Oximetry@home' service. Staff were empowered to make direct referrals for patients when hospital admission was indicated.
- 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.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, patients were directed to their GP for routine health care needs which could wait until they were asymptomatic of symptoms or tested negative for COVID-19.
- The service provided training at the start of the pandemic to vulnerable young people in a specialist care home to support them to understand how they could use good hand hygiene and infection prevention and control techniques to help keep themselves safe.

Helping patients to live healthier lives

Staff were consistent in empowering patients through a targeted and proactive approach to health promotion and prevention of ill health, and every contact with patients was used to do so.

- The service identified patients who may be in need of extra support. The service checked patient records and proactively contacted patients prior to covid care clinics appointments to identify any mobility or communication, which might impact on attendance for appointment.
- The service used a wide range of methods to proactively identify and refer patients who would benefit from the 'Oximetry@home' service. This included from their covid care clinics, through cultivating relationships with partners to encourage referrals and by implementing data sharing agreements with NHS Digital to identify patients more quickly when they were recorded as testing positive for COVID-19.

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.
- The provider monitored the process for seeking consent appropriately.

Good

Are services caring?

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.
- The service had implemented pre-appointment proactive comfort calls to advise patients of how to access the service, the arrangements in place to reduce the risk of the spread of COVID-19 and to reassure them about using the service. This had resulted in a drop of patients failing to attend appointments to under 2%.
- We saw equality and diversity training formed part of the provider's mandatory training schedule.
- As a result of the pandemic and in line with National guidance the service had not carried out any patient surveys or gathered patient feedback through the NHS Friends and Family Test (FFT). However, they had recently implemented a QR code feedback service, where people could scan the code in the reception areas and submit their views electronically. As they had recently implemented this service, they had received only one submission at the time of the inspection. This had not related to the quality of care offered but about the parking arrangements.

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. Due to the risks of the spread of COVID-19 this was arranged via telephone interpretation services. Information leaflets about the 'Oximetry@home' service were available in the eight most common languages spoken in the geographical area covered by the service, to help patients be involved in decisions about their care.
- Most patients were asked to attend appointments by themselves to reduce the risk of the spread of COVID-19. For patients who needed extra support, such as people with learning disabilities or cognitive impairment, carers were supported to attend the appointments with them, where appropriate.
- There had been a national evaluation of patient feedback about the 'Oximetry@home' scheme pilot between January and June 2021. Evaluation of patient feedback in relation to this scheme was positive. Of the 41 patients who responded, 97.6% stating they would rate their experience as good or excellent; 95.1% were reassured by using the service and 87.6% would recommend the service to family and friends.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- 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.

Good

Are services responsive to people's needs?

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. They took account of patient needs and preferences.

- The provider understood the needs of their population and tailored services in response to those needs. They had developed a cultural profile to support their staff in meeting the diverse needs of the community.
- The provider engaged with commissioners and other partners to secure improvements to services where these were identified. The provider developed services in response to unmet needs. For example, when developing the covid care clinics and 'Oximetry@home' services.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. When appointments were booked at the covid care clinics, the team reviewed the patients' needs and contacted the patient prior to the appointment to explain the service and also identify any specific clinical needs or any issues which might impact on access.
- The facilities and premises were appropriate for the services delivered. The facilities were arranged in a way that minimised any potential COVID-19 transmission and to separate people who were potentially infectious from other people seeking healthcare.
- Staff told us how they flexed the 'Oximetry@home' service to meet the needs of patients and encourage compliance with recording and monitoring of health information. For example, people could phone in their results rather than monitoring on an app. This supported people who would otherwise not be able to participate as they do not have access to or are unable to use the technology.

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 in a timely way. All appointments were pre-booked. The service operated the covid care clinic Monday to Friday from 10am to 5pm (including bank holidays). During the peak of the pandemic the service had operated over weekends as well but had reduced this as the need for the service changed.
- Due to the nature of the service, they 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. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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.

Good

Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognised guidance. There had been no complaints raised about either the covid care clinics or the 'Oximetry@home' service since their inception. The provider told us about complaints received from other aspects of their business to demonstrate the process they followed and how they used information from complaints to improve their services.

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

Outstanding ☆

Are services well-led?

We rated the service as Outstanding for leadership.

We rated the service as being outstanding for being well-led because:

- Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders worked in partnership and developed relationships across other organisations to ensure services were joined up and there were open discussions on how to work well together to meet the needs of the local community. They demonstrated proactive leadership in supporting multi-agency learning and improvement. This led to change and improvement.
- There was a clear vision and strategy to deliver high quality, sustainable care which met the needs of the local community. The service culture was clearly to innovate to support this. We found leaders had a clear focus on building a positive, patient safety culture within the organisation.

Leadership capacity and capability

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

- Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it. There was an inspiring shared purpose, and leaders strove to deliver and motivate staff to succeed.
- They 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. There was strong collaboration and support across all staff and a common focus on improving the quality of care. 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 had a proactive approach to developing 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 strategy to deliver high quality, sustainable care which met the needs of the local community. The service culture was clearly to innovate to support this. We found leaders had a clear focus on building a positive, patient safety culture within the organisation. The language used by leaders to describe how they operated, supported a positive culture. The strategy and supporting objectives were stretching, challenging and innovative, whilst remaining achievable.
- There was a systematic approach taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. We looked at the most recent staff survey conducted (in 2019). This showed the majority of staff felt engaged in the vision and values, with 88% responding they understood the aims and objectives of the organisation and 92.5% knew how their role contributed to them.
- 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.

Outstanding ☆

Are services well-led?

- The service understood the positive impact they could have by supporting the wider community. They demonstrated proactive leadership in supporting multi-agency learning and improvement. They worked with the local Public Health Team to answer queries raised by the local covid marshals and the general public around infection prevention and control relating to the pandemic. They developed and delivered training at the start of the pandemic for local care homes around infection prevention and control and the donning and doffing of personal protective equipment (PPE). This was also attended by the local authority. They further targeted this training to help some very vulnerable young people living in a specialist care home to understand the importance of hand hygiene and good infection prevention and control procedures to help keep themselves safe. We found the provider recognised the benefit of fostering effective cross agency relationships to support them to meet the needs of the community.
- The service engaged the support of the local fire brigade to deliver oximeters at the start of the 'Oximetry@home' service to support safe and quick delivery of these to those identified as covid positive and clinically vulnerable who would benefit from the scheme; but who did not have access to support from family.
- Leaders told us how they worked with other organisations to meet common objectives. For example, partners in the 'Oximetry@home' service worked together to streamline admission to hospital, when it was identified patients were being subjected to multiple assessments at each stage in the admission (from the 'Oximetry@home' service, the paramedic when they were being transported to hospital by an ambulance and on arrival at the hospital). Through discussions and experience of the service, partners developed trust allowing the process to be streamlined. This also helped generate referrals, as for example, local paramedic staff identified patients who would benefit from the service as they responded to call outs and referred these onto the 'Oximetry@home' service.
- The service also collaborated with NHS Digital and put in place data sharing agreements to access data about patients who had tested positive for COVID-19 and were also within the parameters of the scheme. This allowed them to make contact and invite patients proactively to benefit from the initiative.

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 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 staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional 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. They 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 teams.

Governance arrangements

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

Outstanding ☆

Are services well-led?

- 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 including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 and prescribing. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the contractual expectations. 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 a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- There was a staff recognition scheme in place to reward good work and encourage staff retention.

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. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- 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.

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.

Outstanding ☆

Are services well-led?

- 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 service had recently introduced a way for patients to give feedback via their smartphones using QR codes. This was to allow patients to safely give feedback without the risks associated with completing paper-based feedback forms or questionnaires whilst infectious.
- Staff were able to describe to us the systems in place to give feedback through staff meetings, one to one sessions and appraisals. Due to the pandemic a staff survey hadn't been completed recently, but we reviewed the findings of the one carried out in 2019.
- 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.

- The leadership drove continuous improvement and staff were held accountable for implementing change. Safe innovation was celebrated. There was a clear and proactive approach to seeking out and embedding new ways of providing care and treatment. The provider was proactive in working with other partners to develop strategies, plan, develop and deliver service to meet the needs of the local population.
- They innovated with partners throughout the pandemic to ensure where unmet need was identified, action was taken. This was evidenced by the way the provider developed quickly and implemented these services in response to the pandemic. Also, how they responded to sector need, such as developing and delivering training to the local care homes on infection prevention and control. We saw evidence the provider continued to seek and make improvements to the services offered to meet the current needs of the population. There were systems to support improvement and innovation work.
- 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.
- The provider had supported local primary care staff access antibody blood testing for COVID-19 in June/July 2020. They facilitated 427 antibody tests.
- The provider supported the recruitment of patients to the platform adaptive trial of novel antivirals for early treatment of COVID-19 in the community (also known as the panoramic study). They recruited 133 patients over a two-month period from the covid care clinics and also supported GP practices by training staff in research principles.