

# Care UK Clinical Services Limited. Royal South Hants Minor Injuries Unit

## Quality Report

Care UK Limited  
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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 |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Royal South Hants Minor Injuries Unit on 29 March 2017. The service is rated as Good overall.

This is a nurse led walk-in service and patients do not need an appointment. Minor Injuries Units provide treatment and advice for less serious injuries, such as sprains, fractures, cuts and grazes, minor head injuries and wound infections. They do not provide management of complex and long-term conditions, or conditions likely to require hospital admission such as, chest pain and breathing difficulties.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients we spoke with or who provided feedback was consistently positive about the way staff treated them.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- The provider had good facilities and was well equipped to treat patients and meet their needs.

- Care was delivered in line with current evidence based guidance.

- The provider was aware of and complied with the requirements of the duty of candour.

- There was a clear leadership structure and staff felt supported by management. The provider proactively sought feedback from staff and patients, which it acted on.

- The service reported monthly to the clinical commissioning group giving a full update on the key performance indicators that were being consistently achieved.

- The service had developed an improvement plan and invested to enhance the environment for staff and patients to support their needs.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The service is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.
- The service had clearly defined and embedded systems, processes and services to minimise risks to patient safety.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

The service is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was no upper limit set on the amount of training staff could do and there were weekly training sessions organised by the associate specialist. Staff could block out time in their schedule to do training and if they completed training at home they were able to claim payment for this.

Good



### Are services caring?

The service is rated as good for providing caring services.

- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

- Clinicians were able to prioritise patients and make the best use of resources. We saw that seating in the waiting area at the treatment centre was positioned to allow reception staff to see patients which helped them identify those who might need earlier intervention due to a deteriorating medical condition.
- Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- The service understood its population profile and had used this understanding to meet the needs of its population.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that meets these needs. This included patients who are in vulnerable circumstances or who have complex needs.

Good



## Are services well-led?

The service is rated as good for being well-led.

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff was clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems for the management notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care. There was high staff retention and staff were proud to work at the service and had a shared vision to deliver high quality care.

Good



# Summary of findings

- The service reported monthly to the clinical commissioning group giving a full update on the key performance indicators that were being consistently achieved.
- The service had developed an improvement plan and invested to enhance the environment for staff and patients to support their needs.

# Care UK Clinical Services Limited. Royal South Hants Minor Injuries Unit

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Care UK Clinical Services Limited. Royal South Hants Minor Injuries Unit

The Royal South Hants Minor Injuries Unit located within the Royal South Hants Hospital offers treatment, advice and information on a range of minor injuries. The service supports patients in Southampton and the surrounding areas.

The service is provided by Care UK Clinical Services Limited under a contract to provide an NHS service.

The service is staffed by an Associate Specialist Doctor (Medical Lead), 18 senior nurse practitioners, nurse practitioners, nurses and paramedic practitioners who assess patients and offer treatment, advice and information. The nurse and paramedic practitioners are

supported by 5 health care assistants. The service has onsite X-ray facilities for adults and children over two years and employs a diagnostic imaging manager and five radiographers.

The governance and management of the service is provided by a Hospital Director / Registered Manager, Operations Manager, Head of Nursing and Clinical Services, Service Manager, Lead Nurse and Clinical Educator employed by Care UK Clinical Services Limited.

This service treats minor injuries and provides treatment such as; to stitch and close minor wounds, removal of splinters, removal of foreign bodies from ears, noses; dress minor wounds, cuts and grazes, apply plaster of Paris to broken limbs and undertakes X-rays of arms and legs (for patients over two years old).

The service is unable to deal with more serious conditions such as chest pain, breathing difficulties, major injuries, severe stomach pains, pregnancy related conditions/problems and severe allergic reactions. Patients suffering from these conditions are advised on the website to attend the local emergency department, or dial 999. Where appropriate, patients will be referred or directed to the most appropriate service, for example Accident and Emergency, pharmacy, Out of Hours service or the patient's own GP.

This is a walk-in service and patients do not need an appointment. The service is open from 7.30am to 10.00pm weekdays and 8.00am to 10.00pm on weekends and bank

# Detailed findings

holidays (last patient accepted at 9.30pm). Patients are treated in order of priority rather than order of attendance. The average patient through put was 146 patients per day over the last 12 months.

We have not inspected the service before. The service is located at Royal South Hants Hospital, Level B, Brintons Terrace Southampton, Hampshire, SO14 0YG.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations including the clinical commissioning group to share what they knew. We carried out an announced visit on 29 March 2017.

During our visit we:

- Spoke with a range of staff including, nurses, senior managers, administrators and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed information and evidence provided by the Urgent Care 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?

# Are services safe?

## Our findings

### Safe track record and learning.

There was a system for reporting and recording significant events.

- Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of 10 documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology if required. The service recorded the actions taken and lessons learnt to improve processes to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, in February 2017, during daily temperature checks in the medication room, the ambient temperature was found to be above 25 degrees centigrade. This was higher than recommended for the safe storage of medicines. The matter was reported and immediate action was taken to monitor the temperatures and advice was sought from the Care UK head pharmacists. The provider informed us that no medicines were found to have been adversely affected and no patients were harmed. Temporary air conditioning units were installed and a more permanent solution sought. The service also reviewed its processes and staff awareness was raised on the importance of raising concerns over room temperatures.

### Overview of safety systems and processes.

The service had clearly defined systems, processes and services in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role.
- All staff were trained to child protection or child safeguarding level one or two. The safeguarding lead was the lead nurse of the unit and was trained to level four child safeguarding and several other members of staff were level three trained child safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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 service conducted radiography services for patients over two years of age. The X-ray equipment was serviced regularly and calibrated, the last being completed on 1 March 2017.
- The service had in place a named Radiation Protection Adviser and a Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). A radiation protection file in line with these regulations was observed. This file was well maintained and included in the file were the critical examination pack for each X-ray set used along with the three yearly maintenance logs and a copy of the local rules and notification to the Health and Safety Executive.
- The service showed evidence that the radiation dosimeter's worn by radiography staff were sent for assessment by Public Health England to ensure staff were not exposed to harmful levels of radiation.

The service maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The lead nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and



## Are services safe?

we saw evidence that action was taken to address any improvements identified as a result. For example, a hand hygiene audit took place in January 2017 with an 82% result. An action plan was made which included further staff training and reminders of the importance of hand hygiene. A follow-up audit took place in February 2017 whereby the score had increased to 97% compliance. A further audit was booked to take place in April 2017 to monitor hand hygiene.

The arrangements for managing medicines, including emergency medicines and vaccines, in the service minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling prescriptions which included the review of medicines. Prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- Clinical staff received regular updates and peer review to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The service had three qualified nurse prescribers and a further four nurses were working towards prescribing qualifications. The nurse prescribers were supported by the associate specialist doctor and if required there were doctors on duty 24hrs a day in the adjoining treatment centre also run by Care UK Clinical Services Limited.
- The service did hold a small supply of controlled drugs, which were recorded and kept securely on site.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients.

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The service had an up to date fire risk assessment and carried out regular fire drills. There were designated fire

marshals within the service. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. The last practice evacuation took place on 26 February 2017.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The service had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents.

The service had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Records showed that all staff had received training in basic life support and the registered clinical staff had all received immediate life support training and paediatric immediate life support training. The Resuscitation Council (UK) Immediate Life Support (ILS) course was launched in 2002. It was developed in response to a demand from healthcare professionals who may have to act as first responders and treat patients in cardiac arrest until the arrival of a cardiac arrest team. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and what the procedures were to obtain help in an emergency.
- Emergency medicines were easily accessible to staff in a secure area of the service and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan supplied by the Trust for major incidents such as power failure or building damage. The plan included

## Are services safe?

emergency contact numbers for staff. The service took part in major incident training and had been involved in a table top exercise and there were site meetings every six weeks.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment.

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best service guidelines.

The service had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people.

The service reported every month to the NHS Southampton City clinical commissioning group (CCG) as a requirement to ensure that the service was working safely and efficiently. There was evidence of quality improvement including clinical audit. The service had regular contract review meetings with the CCG to ensure they were meeting the quality requirements set out in their contract. We saw evidence that from January 2016 to January 2017, the service met all of the quality requirements set out within the contract and in some cases exceeded these. For example the minor illness and choosing well Key Performance Indicator (KPI) was set at 90% the figures for December 2016, January 2017 and February 2017 were recorded at 97%.

The service conducted audits on a regular basis in line with a monthly audit schedule and we saw that they also audited areas such as the management of frequent attenders (quarterly). This was included in the report to the CCG. Patients who attended the service regularly were given health care and promotional advice including how to best manage their condition and who may be the best service to consult for their condition for example the patient's own GP, a pharmacy, or for self-care.

### Effective staffing.

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The learning needs of all staff were identified through a system of up to date appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring and clinical supervision.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The service provided an internal training brochure with information for staff members to sign up for to fulfil contractual and mandatory training requirements. The provider also paid for courses that staff requested to ensure that they were able to enhance their skills and knowledge to deliver effective care and treatment. For example staff had attended courses on child physical assessment, emergency care admissions, minor injury care, diagnostic and decision making and sick children study day.
- The lead practitioner was also the clinical educator and was responsible for nurse and paramedic training. The educator monitored the requirements of training and downloaded the status of training each week for all staff. There was no upper limit set on the amount of training staff could do and there were weekly training sessions organised by the associate specialist. Staff could block out time in their schedule to do training and if they completed training at home they were able to claim payment for this.

### Coordinating patient care and information sharing.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan care and treatment. The service referred patients back to their own GP where the symptoms presented required this. The service could also refer patients to the local hospital emergency department if required and we were told that there was a good working relationship with that department.

### Consent to care and treatment.

Staff sought patients' consent to care and treatment in line with legislation and guidance.

# Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinician assessed the patient's capacity and, recorded the outcome of the assessment.

## **Supporting patients to live healthier lives.**

The service identified patients who may be in need of extra support and signposted them to relevant services. For example, there were numerous leaflets and posters in the waiting areas directing patients to other services and giving advice. We saw posters and information leaflets in the waiting area about smoking cessation and obesity.

Due the nature of this service, it is difficult to assess the impact of health promotion and prevention provided as the patients may only be seen by the minor injuries unit to treat a single condition.

# Are services caring?

## Our findings

### **Kindness, dignity, respect and compassion.**

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

### **Care planning and involvement in decisions about care and treatment.**

Patients told us they felt involved in decision making about the care and treatment they received. They also told us 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.

We received 27 comments card completed by patients in the week before our visit. They were positive about the service. Comments made were complementary about the staff and the speed at which patients were seen. Patients said that staff were very caring and professional. The service was clean and managed extremely well. A patient with learning difficulties thanked the service as they were treated with kindness and respect by all staff members.

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs.

We found the service was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the local population were understood and systems were in place to address identified needs in the way services were delivered. For example,

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the service engaged with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The service actively encouraged patient feedback. There was a patient suggestion box for the walk-in-centre in the patient waiting area. The service had also designed their own patient questionnaire to help gather feedback.

### Access to the service.

This is a walk-in service and patients do not need an appointment to attend. The minor injuries unit was open from 7.30am to 10.00pm weekdays and 8.00am to 10.00pm on weekends and bank holidays (last patient accepted at 9.30pm). Patients were treated in order of priority rather than order of attendance.

Comprehensive information was available to patients about the minor injuries unit on the Royal South Hants Minor Injuries Unit website, including which conditions could be handled by the service and details of other avenues of support for patients.

For example, in February 2017 the service saw 4114 patients and 94% of the patients were seen and treated within two hours. Other data supplied by the service showed that in the same month 83% of patients were seen by a nurse within 30 minutes of arrival, 99% of patients were treated within four hours and 4109 patients were seen within the key performance indicator time targets set by the clinical commissioning group.

The service updated its social media sites regularly so that waiting times were available for the public.

### Listening and learning from concerns and complaints.

The service had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the service.
- We saw that information was available to help patients understand the complaints system.

Minutes of team meetings showing that complaints were discussed to ensure all staff were able to learn from complaints and contributed to determining any improvement action required.

- We looked at 14 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action taken to as a result to improve the quality of care. For example, a patient complained that the service had refused to prescribe antibiotics and that the patient had a right to have them prescribed. The matter was investigated and patient had refused to accept the explanation of why the antibiotics were not given. The service had team meetings to discuss the situation and what to do if pressurised to give antibiotics. The service decided to change its process so that another practitioner would be called for their opinion and to support the decision of the practitioner as appropriate. This was a second opinion to improve patient confidence.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, an incident where a young adult reported that a person was in the waiting area taking pictures of patients on a mobile phone. The young adult was taken to a private room as they felt uncomfortable and a check of the waiting area was made but the person had gone. The incident was reported and police contacted who gave advice that nothing else was required to be done at the time. The service also put up signage in the waiting area for patients not to use mobile phones in that area.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy.

The service had a clear vision to integrate care with local providers to deliver high quality care and promote good outcomes for patients in a patient-centred environment. Leadership was proactive and aimed to provide a service in response to the local populations needs.

- The service had a mission statement and staff knew and understood the values.
- The service had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The service was involved in the development of an integrated urgent care system locally – working with A&E, ambulance, GPs, NHS 111, to improve the efficiency & effectiveness of the sector. For example the services had established a pathway for advice and onwards referral to the Salisbury Burns unit.
- The service had access to University Hospital Southampton NHS Foundation Trust for advice and guidance for patient onwards referrals and there was a review clinic run by the Associate Specialist at the service to support the current demands made on the University Hospital Southampton NHS Foundation Trust fracture clinic.
- Although the service leased the part of the premises from NHS Property Services, the service had developed an improvement plan for the premises and had made large investments to improve the environment for staff and patients to support their needs. For example, the provider had replaced flooring and repaired and redecorated other areas to improve infection control.

### Governance arrangements.

The service had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the service was maintained. Service meetings were held weekly and monthly which provided an opportunity for staff to learn about the performance of the service.

- The service reported monthly to the clinical commissioning group giving a full update on the key performance indicators that were being achieved. For example, there was a section on quality reporting where the provider identified and commented on the quality of service. This included areas such as management of frequent attenders, monitoring the quality of patient experience, ensuring that patients with dementia and learning disabilities could access the service.
- There was a programme of continuous clinical and internal audit that was used to monitor quality and to make improvements. We saw a plan which scheduled clinical and non clinical audits on a monthly cycle. For example in December 2016, a medicines management audit took place and changes were adopted to ensure that correct and complete records were maintained and extensive training was made available and conducted to support staff.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following complaints and compliments.

### Leadership and culture.

The service was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The service encouraged a culture of openness and honesty. There was no upper limit set on the amount of training staff could do and there were weekly training sessions organised by the associate specialist. Staff could block out time in their schedule to do training and if they completed training at home they were able to claim payment for this.

There was a clear leadership structure and staff told us they felt supported by management.

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service kept written records of verbal interactions as well as written correspondence.
- Staff told us the service held team meetings. We saw evidence that the service held a range of meetings which were minuted and any actions from meetings were documented and monitored for completion.



# Are services well-led?

Good 

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

- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

## **Seeking and acting on feedback from patients, the public and staff.**

The service encouraged and valued feedback from patients and staff. It proactively sought feedback from patients using the service.

For example, Although the service leased the part of the building from the hospital, the service had enclosed the reception area and waiting area with glass in order to create a safer and warmer environment for patients and

staff. The patients had to previously wait in a corridor. The service had also lowered the reception desk height to make it more comfortable for staff to work at and more accessible for patients.

The friends and family test results for February 2017 showed that out of 123 replies 119 patients stated that they were extremely likely to recommend the service and four stated that they were very likely to recommend the service.

Data supplied by the service showed that there was a steady improvement in the percentage of patients seen and treated within two hours during December 2016, January 2017 and February 2017. The service had achieved 94% compared to the threshold targets of 95% in appointment waiting times and advice performance.