

Primecare Walsall Urgent Care Centre

Quality Report

Nestor Primecare
Walsall Urgent Care Centre and Out of Hours (Hub)
Walsall Manor Hospitalall Manor Hospital
Moat Road,
Walsall
WS2 9PS
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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. (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 Primecare Hub Walsall Manor on 06 March 2018. This inspection 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 with a dedicated audit. 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 within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Primecare Walsall Urgent Care 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.

Background to Primecare Walsall Urgent Care Centre

The urgent care centre and out of hours (OOH) provided by Nestor Primecare is sited within Walsall Manor Hospital. Nestor Primecare is a division of the Allied Healthcare Group. The service is registered with the Care Quality Commission as an urgent care and out of hours service. Primecare operate a hub and spoke system for urgent care centres within Walsall. This service, based at the hospital is the hub site. The spoke service based in the Saddlers Centre was not inspected with this service.

Primecare urgent care and out of hours service is sited within Walsall Manor Hospital, Moat Road, Walsall. WS2 9PS.

The urgent care centre has a mainly agency and consultancy model for clinical staff. The service has regular agency advanced nurse practitioners (ANPs) and GPs working on a consultancy basis. The substantive staff have

dedicated managerial support along with a clinical matron (lead nurse) and clinical services manager. On this site, the matron works in a clinical capacity, supporting best practice with the nursing staff and encouraging conversation with the host emergency department. The registered manager is also the safeguarding lead for the service.

The urgent care service is open daily from 7am to midnight. The out of hours service commences at 6.30pm and continues overnight until 8am hrs daily. Patients' can access the urgent care centre at the hub by walking in or telephoning 111 to book an appointment. A home visit can be requested and patients can be signposted to the service from local GP surgeries. The 111 service also directs patients to use this service during service opening hours. A few patients arrive at the service via the ambulance service. For the out of hours service all appointments, either for the patient to attend the service or to be visited are made via the 111 service.

The website for the service is:
www.walsallurgentcare.nhs.uk

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 conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health and Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Fire drills were practised every six months and recorded appropriately. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- 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. At the time of inspection the service had a new poster campaign to raise awareness of all aspects of domestic violence. We saw that this included both same sex relationships and when children could be involved. Staff we spoke with were knowledgeable about how to support people affected by domestic abuse and how to make safeguarding referrals when required. Staff were aware of current issues such as modern slavery and illegal immigration and explained how policy informed staff to work supportively with these groups of people.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. The service worked to the contracting Clinical Commissioning Group (CCG)

guidelines. There were safeguarding posters in all clinical rooms, cubicles and reception. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control. The provider attended a monthly meeting with the host hospital and had identified some areas for attention. These were risk assessed and recorded on the risk register. The host hospital had given the service an undertaking that the reception area floor (which had become heavily marked and resistant to cleaning) would be replaced. However, at the time of inspection this had not been commenced. The service showed us that they had reminded the hospital and were now awaiting a commencement and completion date.
- The service had a formal arrangement with the host hospital for cleaning and this included an immediate response should the service require an immediate clean up. There was a dedicated cleaning schedule in place for all areas. This schedule was readily available to all staff.
- Safety checks and procedures for reducing the risk of legionella were in place (legionella is the name of a particular bacterium which can contaminate water systems in buildings). These were carried out by the host hospital and the service received written confirmation of the testing and results.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Detailed calibration records and annual portable appliance testing (PAT) certificates were carefully recorded. There were systems for safely managing healthcare waste.
- Sharps bins, at the time of inspection were removed and replaced by a private company, receipts were kept by the service for this. We were told this would become part of the waste management process in the near future.

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 was an effective system in place for dealing with surges in demand. The electronic system used identified high

Are services safe?

levels of demand and the provider had rostered an extra member of clinical staff to support these identified trends. Staff within the urgent care centre and the out of hours service could be flexible about where they worked to further support demand when required.

- There was an effective induction system for agency 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. We observed the co-ordinated response for a breathless patient and a suitable escort to the emergency department.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse. The service referred patients to the emergency department when required and clear legible documentation was included. Where patients were registered with a local GP, details of the urgent care appointment were sent on to the surgery after their urgent care visit.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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 systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled medicines and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use

to reduce the risk of fraud. All prescription pads were signed out of the secure store by a member of support staff and signed for by the receiving clinician. The service had audited this process and could demonstrate that all staff had completed the process properly.

- There were clear processes for any medicines required during out of hours service. An alert tag was in place to alert staff when medicines had been used, the process was supported with dedicated secure storage and the service logged and recorded all medicines usage. A dedicated audit ensured that sufficient supply was always available. A central log ensured that every shift log was accurate and recorded pharmacy replacements and any trends in usage.
- The service held stocks of controlled medicines (medicines that require extra checks and special storage because of their potential misuse). They had standard operating procedures in place that set out how controlled medicines were managed in accordance with the law and NHS England regulations. There were appropriate arrangements for obtaining controlled medicines by clinicians and safe and appropriate mechanisms were in place, should these medicines require transportation.

Monitoring risks

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- 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 met with the CCG monthly to review and monitor activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, the service had changed its protocol for dealing with animal bites following one incident within the year.
- Joint reviews of incidents were carried out with partner organisations, including the local A&E department, GP out-of-hours and NHS111 service.

Are services safe?

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for receiving and acting on safety alerts. The organisation had an electronic system for sharing all alerts with the centres delivering care. The service had included checking this system daily to the standard operating procedure for each clinician at the start of their shift.
- Joint reviews of incidents were carried out with the CCG. These were discussed at regular meetings and minuted. Action taken was recorded and shared across the organisation for shared learning and with the CCG to comply with the requirements of their contract.
- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Staff we spoke with confirmed that they knew how to raise an incident. An electronic form was readily available to all staff to complete when an incident required reporting. We saw that all staff knew how to access this form and staff we spoke with told us the electronic system was easy to use.
- 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, the service had developed a number of pathways with the host hospital to improve patient access to the most appropriate care at first contact. This would be either urgent care at the service or the hospital's emergency department.
- 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.
- The provider took part in end-to-end reviews with other services within its own organisation. Learning was used to make improvements to the service and to the other branches when appropriate. For example, an incident at another branch had led to a review across the entire business and development and investment in further technology to prevent recurrence.

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. All clinicians were aware of the NICE guidance for sepsis and could describe the pathway the service used. The provider monitored that these guidelines were followed and shared this internally and with the local Clinical Commissioning Group (CCG).
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Patients that could not attend either the urgent care service or the out of hours service were offered home visits. The service recorded that comfort phone calls were made to these patients between requesting a visit and receiving it. This also enabled the service to gauge any change in the patient's condition, re-triage and escalate the response when required. The service categorised patients and had a triage system to determine how quickly they needed to be seen.
- Patients who had attended the urgent care centre before midnight were automatically transferred to the out of hours service and advised that they had been transferred and would be seen.
- The national quality requirements were followed when a patient that had been treated by a nurse required seeing a doctor. We watched the process staff followed to transfer patients to doctors and how this was communicated on the electronic system to reception staff. Reception staff were then aware that patients who had been seen by a nurse were back in the waiting area to be called through to see a doctor.
- 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 reported that they treated a number of vulnerable people and were sensitive to the needs of this group of patients.

- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

Monitoring care and treatment

The service was actively involved in quality improvement activity. They were monitored directly by the local CCG as part of their contract. The service undertook clinical and medicine audits, although it was not clear what the planned audit programme for the year was. 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 urgent care centres are based upon the National Quality Requirements in the Delivery of Out-of-Hours Services (NQR). These quality requirements (NQR) are a national set quality indicators with which all providers of Out of Hours services must comply. The service shared with us the performance data from July 2017 to December 2017 that showed:

- 99% of people who arrived at the service completed their treatment within four hours. This was as required by the contract and within target. The patient wait for the out of hours service was longer than that for the urgent care service and the service had taken steps to monitor this and improve communications with patients to meet patient expectation. However, there was not a separate target for this and all patient waiting times were recorded and audited and within the service specification for maximum of four hours.
- 100% of people who attended the service were provided with a complete episode of care during July and August, with one person requiring an emergency admission in September. The CCG then removed this criteria as the provider consistently met target and referred appropriately.
- During one month within the six months data provided 88% of people who required a home visit were seen within an hour. This was 2% under target and the

Are services effective?

(for example, treatment is effective)

provider had taken steps to review the triage protocol to ensure target was met. 95% of people requesting home visit were seen within 2 hours. This was within target and protocol set.

Where the service was not meeting its target(s), the provider had put actions in place to improve performance. Any area where concern had been raised at a contract meeting was shared internally through other meetings to engage staff at all levels. The provider held both governance and accountability meetings to monitor its activity internally.

- We saw evidence that referrals to A&E were reviewed each month to ensure they were appropriate. Any inappropriate referrals were discussed with the clinician concerned. The matron for the service had commenced informal meetings with the matron of the hospital emergency department to monitor inappropriate referrals and reduce the likelihood of recurrence.
- The service used information about care and treatment to make improvements. For example the service had commenced joint development with the hospital on a dedicated chest pain pathway.
- We saw that clinical audits had a positive impact on quality of care and outcomes for patients. For example, an audit of children attending the service was carried out to determine how many children actually required treating and others could be given advice. 33% of child attendances had required treatment and the audit reflected that treatment was in line with best practice guidelines from the National Institute for Health and Care Excellence (NICE).

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 a comprehensive range of topics including infection prevention and control, mental capacity act, fire safety and manual handling.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. The organisation had a clear clinical support system for doctors and nurses with lead roles for each discipline. However, not all doctors were aware of the lead GP.

- 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 electronic system demonstrated which staff were up to date with training and when training was due. An easy traffic light system showed training at a glance and the detail was within the spreadsheet.
- Staff received ongoing support; this included one-to-one meetings, appraisals, coaching and mentoring, 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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. The service had a clear process in which the timing of reviews and interventions would become more frequent if performance was poor or variable. There was a clear process for ending an agency or consultancy agreement if performance did not improve in line with review processes. The service had clear plans in place to support clinicians who could have had restrictions placed on their practice by their professional register, e.g. the General Medical Council (GMC) or the Nursing and Midwifery Council (NMC). Plans included support, training, confidence building and slow re introduction to clinical work as the clinician moved towards the removal of any restriction to practice. No one working at the service had a current restriction to practice.

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 services and organisations, were involved in assessing, planning and delivering care and treatment. We saw that the service had developed clear pathways with the local hospital for referring and treating patients with a variety of conditions. For example, deep vein thrombosis, sepsis, fever pathway for children 0-5 years old, and frailty pathways had been developed in collaboration with the local hospital.

Are services effective?

(for example, treatment is effective)

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The dedicated pathways for referral were clear and patients being referred were provided with a copy of the referral information shared with the service to which they had been referred.
- Staff communicated promptly with patients registered GPs' 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. Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, the safeguarding referral service was contacted when required.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. A hard copy record of all consultations was sent to patients' own GPs. An electronic copy would be sent once the data sharing protocol had been accepted.
- 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. Advice about other agencies was offered when appropriate for example people in vulnerable circumstances.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service ran a series of campaigns to raise people's awareness of health issues. For example, they had a new campaign for people in relationships to be aware of the nature of domestic abuse and how to seek help.
- **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Staff understood and could tell us about consent and teenagers who sought appointments without the support of a parent or guardian.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

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.
- The service had clearly identified dementia champions to support people and were reviewing how to ensure other staff knew when a patient required specific support with this condition. They were working with the host hospital emergency department to develop a seamless approach across the two services.
- 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. Palliative care patients were able to use the service if they needed.
- All of the twelve patient Care Quality Commission comment cards we received were very positive about the service experienced. Some of the comments were from hospital staff who had used the service.

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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- 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 recognised the importance of people's dignity and respect.
- 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.
- The service complied with the Data Protection Act 1998.

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 service 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 improved services in response to those needs. The service had identified that a significant number of patients were accessing the service from GP surgeries nearby. The service liaised with the CCG to monitor this as part of the monthly contracting meeting. This informed the CCG about the need for GP extended hours to meet the needs of the local population.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Women in early pregnancy, young children and people at the end of life were easily identifiable and supported by suitable care pathways.
- The facilities and premises were cramped for the services delivered. However, the service provider held a monthly meeting with the host hospital and plans to relocate the centre to the front of the hospital were being developed together. Signage to the service was generally poor with seven changes of sign colour and nine changes to floor surface from the front door of the hospital to the urgent care and out of hours service. The service could show us they had raised this with the hospitals facility team. They had been told signage could not be changed until building work completed. The service told us they would continue to raise the problem with the hospital.
- The service provider was aware of the difficulty people with visual impairment had accessing the service and had taken steps to ensure staff could escort patients to and from the service when required.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Staff would telephone the department when a patient required escorting and the emergency department had supported an occasional use of a short cut through their department when patient need required.

Timely access to the service

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

- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- Patients were able to access care and treatment at a time to suit them. The urgent care part of the service operated from daily from 7am to midnight. The out of hours part of the service operated from 6.30pm until 8am (the following morning) daily.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need. More serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times. A clear waiting time notice was added to the reception area once the wait time went over 30 minutes. We saw that this could be increased by 30-minute intervals to three hours and 30 minutes. Staff told us that this did not occur very often and audits of waiting times confirmed this.
- Patients who had arrived at the urgent care centre who had not been seen by midnight were informed that they would be seen and transferred to the out of hours service automatically.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Patients we spoke with on the day said that they did not have to wait very long; and that they expected to wait as it was a turn up and wait service.
- The urgent care contract specified the maximum waiting time for treatment as four hours, and specified the emergency medicines the service could use. The contract detailed quality monitoring and prescribing and included financial viability, patient experience and safeguarding. A monthly contract-monitoring meeting took place between the service and the CCG to ensure contractual obligations were met.
- The service was meeting its commissioners Key Performance Indicators (KPI's). The local CCG had made

Are services responsive to people's needs?

(for example, to feedback?)

some changes to these requirements during the time period we reviewed. Instead of reporting on 17 separate areas, these had been grouped together into five domains.

- The friends and family test was part of patient feedback. There was a low response but 85% of responses were positive, 5% neither positive or negative and 10% negative. This was in line with the national average. However, the service used its own patient comments cards and audited these. Responses were largely positive with patient expectation about wait times for the out of hours service slightly less positive and slightly less happy with the appearance of the floor and surroundings. The service used these comments to feedback to the host hospital at their monthly meetings.
- Waiting times and delays were within the contractual limit and managed appropriately. Action was taken to reduce the length of time people had to wait for subsequent care or advice. We saw the nurse alert reception staff when patients then required review by a doctor, and demonstrated where that person had been added to a doctors list.
- Referrals and transfers to other services were undertaken in a timely way. The service had dedicated referral pathways for a variety of conditions including deep vein thrombosis, diarrhoea and vomiting in children aged 0-5 year olds and urinary tract infections.

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 complaint policy and procedures were in line with recognised guidance. Fifty-one complaints were received in the last year. We reviewed six complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example changing the protocol for treatment of animal bites.

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 leadership.

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 and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The 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. There were posters about vision and strategy throughout the unit, and staff told us about their commitment to meet the vision for high quality care.
- The service developed 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.

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. Staff told us how much they enjoyed working at the Hub service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was committed to viewing all feedback as an opportunity to learn and improve. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw an example where a full and complete disclosure had been offered to the patient, along with a suitable face-to-face meeting and a written apology.
- 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 was a dedicated telephone from the service to head office for any member of staff to raise a concern if they felt unable to raise it locally.
- 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff spoke positively about their line managers and the support they provided.

Governance arrangements

Are services well-led?

Good 

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

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities 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.

- Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had a good understanding of service performance against key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group 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 and a commitment to ensuring compliance with best practice.

- The provider 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.

- The out of hours vehicles were new and scheduled for service through the comprehensive lease agreement. All vehicles had a suitable valet schedule and were clean and tidy. Suitable arrangements were in place for the carrying of emergency equipment and the checking and replacing of this. Clear and comprehensive checklists were in use for daily completion and we saw that they were signed and up to date.

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. For example, a staff newsletter was used in addition to staff meetings to ensure all relevant information was shared across the service.

- The service conducted an annual staff survey to determine where further support might be required. We saw that 88% of the staff employed at the hub (both substantive and agency staff) expected to continue working there. 75% said management were very supportive. The service had mainly positive or very positive feedback and HR drew up an action plan to address areas for development. For example they had recently improved staff counselling services.

- 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 effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Are services well-led?

Good 

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

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 service used share cards which they encouraged patients to complete when using the service. These were suitable for people of all abilities.
- Staff were able to describe to us the systems in place to give feedback. All staff knew about the share cards and that the results had been shared with them quarterly. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- 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. For example, the service shared learning about ensuring reduced risk of infection with animal bites.
- Staff knew about improvement methods and had the skills to use them.
- 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.
- There were systems to support improvement and innovation work such as dedicated pathways developed in partnership with the host hospital.