

# GATDOC

## Inspection report

Queen Elizabeth Hospital  
Gateshead  
Tyne And Wear  
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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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Requires improvement

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 GatDoc out of hours service on 10 December 2018 as part of our inspection programme.

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 found that:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Risks to patients were assessed and well-managed.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care.
- The service shared information appropriately with other services, such as a patient's own GP when required.
- There was evidence of improvements being made because of complaints and incidents.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission when appropriate and improved patient experience.

- The service had good facilities and was well equipped to treat patients and meet their needs. The vehicles used for home visits were clean, well equipped and appropriately maintained.
- Patients' care needs were assessed and delivered in a timely way according to need. The most recent available results showed that the service generally met the National Quality Requirements.

However, we rated the practice as **requires improvement** for providing safe services because:

- In contravention of Home Office guidance and the Misuse of Drugs Regulations 2001 the provider did not have a licence to stock or dispense controlled drugs. The provider immediately took steps to obtain a licence and, in the meantime, had obtained confirmation from the Home Office that they could continue to stock and dispense controlled drugs pending their licence application being processed.

The provider must therefore:

- Ensure the proper and safe management of medicines.

The provider should also:

- Undertake clinical audit activity that can lead to and demonstrate improvements in patient care and outcomes.

We saw an area of outstanding practice:

- The service provider had identified that there was a high proportion of Orthodox Jewish patients in the local area. They had therefore ensured that wheat free medicines were available to ensure compliance with the religious beliefs of Orthodox Jewish patients. A local Rabbi had helped the provider develop a guidance document for clinicians to refer to when treating and caring for Orthodox Jewish patients.

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

## Our inspection team:

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

## Background to GATDOC

GatDoc provides out of hours general practitioner cover in the evenings, overnight, at weekends and on bank holidays. The service provides telephone contact and access to general practitioners and home visits when required. The service covers over 206,000 patients, predominantly from the Gateshead area of Tyne and Wear.

The service is provided by Community Based Care (CBC) Health Ltd. CBC Health Ltd is a not-for profit member organisation who also hold the contracts for several GP practices in the Gateshead area (Crawcrook Medical Centre, Rowlands Gill Medical Centre, Blaydon GP Led Surgery, Grange Road Medical Practice) and two extra care facilities (Extra Care Blaydon and Extra Care Central Gateshead). In addition, they:

- Provide back office support to a number of GP practices (i.e. HR functions, health and safety and long-term condition recalls) under their 'bureau'
- Provide pharmacy support to the majority of GP practices in the Gateshead area to aid issues such as medicines optimisations under their 'Pharmicus' arm.

- Run the local GP federation.

Patients can access the out of hours service from 6pm to 8am Monday to Friday and 24 hours throughout Saturdays, Sundays and Bank Holidays. Calls to the service are handled by the North-East Ambulance Service (NEAS) via the 111-telephone number. GatDoc operates a triage model where all patients receive clinical telephone assessments. This prevents unnecessary journeys for patients and enables appropriate coordination of home visits and appointments according to clinical urgency and demand.

A team of sessional GPs provide the service, some of whom work at local practices. The clinicians are supported by administrators, receptionists and drivers as well as a management team responsible for the day to day running of the service. If patients need to be seen in person they are asked to attend the GatDoc premises which are in the urgent care centre of the Queen Elizabeth Hospital, Gateshead. Parking arrangements, disabled access and security at the premises are good.

# Are services safe?

**We rated the service as requires improvement 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 and 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. In addition to the provider carrying out premises and health and safety risk assessments for Gatdoc, the provider for the location in which they were based (Gateshead NHS Foundation Trust – Queen Elizabeth Hospital) had also carried out numerous premises and health and safety risk assessments. The trust provided a dedicated team of security officers, including a Community Beat Manager to help ensure patient and staff safety and had access to an extensive network of CCTV camera's covering all public areas. GatDoc risk assessments covered issues such as action that should be taken if no one answered the door when carrying out a home visit.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly 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 and were fully aware of their reporting responsibilities in relation to this.
- The provider carried out appropriate staff checks at the time of recruitment and on an ongoing basis. 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. They knew how to identify and report concerns.
- An arrangement was in place which enabled Health Care Assistants employed by Gateshead NHS Foundation Trust who worked in the same premises

(Queen Elizabeth Hospital Walk in Centre) to act as chaperones when required. They had received training to enable them to perform this role. The drivers (employed by the North-East Ambulance Service) who accompanied GatDoc doctors during home visits did not act as chaperones and had not undertaken chaperone training. Managers told us that consideration was being given to this issue and in the meantime patients requiring home visits were asked in advance of the visit whether they required a chaperone. If a chaperone was requested a member of the administration team, who had received chaperone training would attend the home visit with the doctor and driver. Alternatively, a member of the district nursing team would be asked to attend

- We observed the premises to be clean and tidy; with appropriate standards of cleanliness and hygiene. The most recent infection control audit had identified that an examination couch and four chairs were not considered to be fit for purpose. A new couch and chairs had subsequently been ordered and in the meantime the provider had loaned replacement equipment from the hospital trust.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The provider had a system in place to ensure that standby GP's were available at all times to assist during peak demand periods and staff sickness.
- There was an effective induction system for all staff, including sessional and temporary 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. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.

# Are services safe?

- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were systems in place to ensure the safety of the cars used during home visits. Comprehensive checks were undertaken at the beginning and end of every shift and the vehicles were regularly maintained. The vehicles had satellite navigation systems which were regularly updated. A GPS tracking system was in use which enabled headquarters to be aware of where the vehicle was at all times. This not only ensured the safety of drivers and clinicians but could also be used to manage demand. Drivers had undertaken all mandatory training, including basic life support and safeguarding as well as regular driver assessment tests

## 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. Care records included information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Staff had access to the patient's own GP medical records. Consent for accessing these records was obtained and recorded in the patient records when the patient was present.
- 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 provider had systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs to minimise risks. This included medicines and equipment stored in the cars used during home visits. An arrangement was in place to enable the provider to raise any concerns in respect of controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer. However, in contravention of Home Office guidance and the Misuse of Drugs Regulations

2001 the provider did not have a licence to stock or dispense controlled drugs. The provider immediately took steps to obtain a licence and in the meantime, had obtained confirmation from the Home Office that they could continue to stock and dispense controlled drugs pending their licence application being processed

- The service kept prescription stationery securely and monitored its use.
- The service carried out 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.

## Track record on safety

- The service had a good safety record.
- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the 111 service, North-East Ambulance Service and Gateshead NHS Foundation Trust.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, an incident where a blank prescription was found to be missing during a routine check of blank prescription stationery led to the provider updating their system to

## Are services safe?

ensure compliance with prescription security requirements. We checked these arrangements during the inspection and were satisfied with the process in place.

- 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. The provider had introduced seasonal urgent and unscheduled care bulletins to enable better communication with sessional staff working for the service. The newsletters contain learning from significant events and complaints, clinical updates, medicines management guidance and other useful information. They also produced seasonal clinical governance bulletins and annual information governance bulletins. At present the bulletins were

disseminated to staff via email. However, the provider was in the process of implementing Share Point (a web based document management system) to aid better communication with staff and that this was due to go live approximately January 2019

- The provider took part in regular meetings and reviews with other organisations. Learning was used to make improvements to the service. For example, the provider worked with the local NHS Trust, ambulance service, GP surgeries and the clinical commission group to ensure problems with transport systems in place for patients to access urgent care services were recognised and efforts made to improve these. As a result, the provider was able to provide a patient transport service for mobile patients.

# Are services effective?

**We rated the service as good for providing effective services.**

## Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

Since 1 January 2005 all out of hours (OOH) providers must comply with the National Quality Requirements (NQR) to demonstrate that the service they are providing is safe, clinically effective and responsive. Providers are required to submit monthly data to their local Clinical Commissioning Group to demonstrate compliance. NQR 12 dictates that face-to-face consultations (whether in a centre or the patient's place of residence) must be commenced within 2 hours for urgent cases (95% target) and within 6 hours for non-urgent cases (95% target). Results for January to August 2018 showed that:

- The provider had met the 95% target for the months of January, March, April, May and August 2018
- For February 2018 they had achieved a 92% compliance rate
- For July 2018 they had achieved a 91% compliance rate.

An independent clinician had been commissioned to carry out a review of GPs consultation and telephone triage using a toolkit developed by the Royal College of General

Practitioners (RCGP). This included listening in to calls and reviewing case notes, decision making and prescribing. 69 GPs had been assessed using the toolkit between July 2017 and April 2018 and 97.5% had been rated between satisfactory and excellent. There was appropriate oversight of those clinicians who were not meeting expectations and where appropriate additional support was required.

The service had carried out some clinical audit activity to review the effectiveness and appropriateness of the care provided. For example, a high-risk antibiotic audit led to clinicians being reminded of their responsibilities in following local guidelines when prescribing antibiotics or to clearly document why guidance was not adhered to in a patient notes. They had also carried out an audit of palliative care patients who used the service. However, clinical audit activity was limited.

Where appropriate clinicians took part in local and national improvement initiatives.

## 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 which covered such topics as safeguarding, information governance, customer service and infection prevention.
- 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.
- GatDoc leaders provided staff with ongoing support. As well as access to the providers clinical lead for advice and guidance, clinicians working for the service also had access to a pastoral GP. The role of the pastoral GP was to provide GPs with a confidential advice and support service if they were feeling stressed or under pressure. GPs employed by the provider also had access to a social media application where they could seek advice and guidance from other GPs and the clinical lead. The provider also produced seasonal clinical governance, urgent and unscheduled care and information governance bulletins for staff



# Are services effective?

- A system to ensure sessional clinical staff had the opportunity of regular supervision had recently been implemented
- All non-clinical received regular appraisals.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

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

- We saw 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, when they were referred, or after they were discharged from GatDoc
- Care and treatment for patients in vulnerable circumstances was coordinated. When necessary staff referred patients back to their own GP to ensure continuity of care and referral to other services for support where necessary.
- The information needed to plan and deliver care and treatment was available to relevant staff through a shared patient record system. GPs kept patient information secure in line with Information Governance training and provider policies.
- 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.

- There were clear and effective arrangements for booking appointments, arranging diagnostic test and transfers to other services.

## 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. The service identified patients who may be in need of extra support.

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where a patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

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

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



# 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. Call handlers gave people who phoned into the service clear information.
- All seven of the Care Quality Commission patient comment cards we received were positive and complimentary about the service. Comments included first class; caring and understanding; amazing; fast and efficient initial triage; fantastic job; excellent service and excellent knowledge (in relation to end of life care). However, two of the cards also contained negative comments regarding a delay in being called in to see the doctor.

National GP Survey information shows how the out-of-hours GP services were performing in the CCG area. The results were provided at a CCG level and as such should be used for context purposes only. The following results were from the August 2018 publication, collected during January to April 2018:

- Impression of how quickly care or advice was received – 61.4% positive response; 28.5% negative response (compared to England average positive response of 60.3%; negative response 32.5%).
- Confidence and trust in person/people seen or spoken to – 87.5% positive response; 8.0% negative response (compared to England average positive response of 86.8% and negative response of 8.4%).
- Overall experience of NHS service when GP surgery was closed – 68.9% positive response; 11.8% negative response (compared to England average positive response of 65.9%; negative response 14.7%)

At the end of every consultation GatDoc patients were asked if they would be prepared to leave feedback if contacted by text message later. During the period September to December 2017 (the latest results available at the time of the inspection), of the 6,279 patients who used the service:

- 85% rated their telephone assessment as good or better
- 85% rated their home visit as good or better
- 98% of those visiting the centre rated their experience as good or better
- 23% rated their care as excellent

## **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. 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 staff took the time to listen, reassure and explain treatments and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- 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 respected confidentiality at all times.

## Are services caring?

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

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, the service provider had identified that there was a high proportion of Orthodox Jewish patients in the local area. They had therefore ensured that wheat free medicines were available to ensure compliance with the religious beliefs of Orthodox Jewish patients. A local Rabbi had helped the provider develop a guidance document for clinicians to refer to when treating and caring for Orthodox Jewish patients.
- The provider engaged with commissioners and other key stakeholders to secure improvements to services where these were identified. For example, the provider worked closely with the local health foundation trust and participated in combined operational group and patient flow meetings. Whenever possible GatDoc clinicians accepted onward referrals from the Accident and Emergency Department of the hospital in which they were co located with the aim of enabling an integrated urgent care service provision. This amounted to approximately 2,300 patients per annum and had helped the A&E department to ensure that 95% of patients were seen during the national target of four hours
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example those at the end of their life.
- The facilities and premises were appropriate for the services delivered.

## Timely access to the service

- Patients can access the out of hours service from 6pm to 8am Monday to Friday and 24 hours throughout Saturdays, Sundays and Bank Holidays.
- The service also operates eight afternoons per year from 12.30pm to 6pm to cover for locally based GPs attending primary care training afternoons (known locally as TiTo's – time in/time out sessions).

- Calls to the service were handled by the North-East Ambulance Service (NEAS) via the 111-telephone number. GatDoc operated a triage model where all patients received clinical telephone assessments. This prevented unnecessary journeys for patients and enabled appropriate coordination of home visits and appointments according to clinical urgency and demand.
- Referrals and transfers to other services were undertaken in a timely manner

Between January 2018 to August 2018 GatDoc dealt with a total of 12,043 cases. Of these:

- 4732 (39%) were deemed to be urgent and 5605 (47%) routine. The remaining 14% were offered clinical support or advice.
- 1042 (9%) of the cases resulted in a home visit
- 8151 (68%) received a telephone assessment
- There were 153 failed contacts (where people who had phoned the 111 service were not available when a GatDoc clinician had tried to ring them back to carry out a telephone assessment).

## 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. Nine complaints had been received during the period October 2017 to October 2018. We reviewed the complaints and found that they had been satisfactorily handled in a timely way. We did not identify any recurrent trends or themes from the complaints that we examined.
- 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. The provider had engaged an independent clinician to support their central governance board in the scrutiny of all aspects of clinical governance. The role of the independent clinician included carrying out complaints investigations and independent reviews together with identifying and sharing lessons learned.

# Are services well-led?

**We rated the service as good for leadership.**

## Leadership capacity and capability

Leaders within GatDoc 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. For example, the service met with commissioners and other key stakeholders on a regular basis to discuss the challenges and risks to the service associated with uncertain contracts.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period. GatDoc 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. Their mission statement was:

‘At GatDoc, we strive to offer the highest quality modern health care, whilst being grounded in traditional patient, family and community centred values’.

The service had a realistic strategy and supporting business plans to achieve priorities.

- 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. For example, adjustment of rotas to ensure the service was resilient to patient demand and needs.
- The provider monitored progress against delivery of the strategy. For example, there was a mechanism for reporting against targets to the clinical commission group monthly.

## 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. GatDoc 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 and they had confidence that these would be addressed. We were told that that there was a supportive process to raise concerns and a no blame culture.
- There were processes for providing staff with supervision and development opportunities.
- Clinical staff, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

There were positive relationships between staff and teams. Clinical staff had access to a clinical lead and pastoral GP for ongoing advice and guidance.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and incident reporting.
- Leaders had established proper policies, procedures and activities to ensure safety.

## Managing risks, issues and performance

# Are services well-led?

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.

The provider had a centralised risk register covering all their locations and higher-level risks were discussed and reviewed at board level.

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.

## 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 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. There was evidence of some limited clinical activity audit.

- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Staff we spoke with told us that they were involved in discussions about how to run and develop the service. They also told us that the management team encouraged all members of staff to identify opportunities to improve the delivery of the service.
- Patient feedback was sought following consultations. Data was analysed and used to improve services and inform future development.
- 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 role of the independent clinician whose role included carrying out complaint investigations, reviewing complaints to identify trends, themes and lessons learning and carrying out peer reviews of clinicians.
- 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. For example, the service monitored staff effectiveness and performance through peer sampling of patient records and listening in to telephone triage using a toolkit developed by the Royal College of General Practitioners (RCGP).
- There was a strong culture of collaborative working. For example, with local GP practices, 111 and North-East Ambulance services, local clinical commissioning group and hospital trust.
- The provider was in the process of implementing the role of pharmacists and a nurse practitioner to aid clinical support.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Transport services, triage and medical advice provided remotely	The provider had failed to ensure the proper and safe management of medicines; They did not have the required Home Office licence to stock or dispense controlled drugs. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.