

Practice Plus Group Hospitals Limited

Practice Plus Group MSK & Spinal Service, Lincolnshire

Inspection report

Langton House, Lindum Business Park
North Hykeham
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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?

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

Overall summary

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to service information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service planned care to meet the needs of local people and made it easy for people to give feedback. The service treated concerns and complaints seriously, investigated them and made changes to improve the service. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's aims, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community, to plan and manage services and all staff were committed to improving services continually. The service demonstrated good joint working with commissioners.

However:

- Medications that were required to be stored at room temperatures were being transported in a sealed pouch in a back of a van. The medication storage was not monitored during transportation. There was no evidence of actions taken should the journey take longer than two hours or documentation of this, for example risk assessments in place.
- Two patients told us they were not offered emotional support to minimise their distress during diagnostic scans.

What people who use the service say

We spoke with five patients using the services and the feedback was overall positive about the care they received. They told us they were treated with compassion, dignity and respect and were included in the planning and delivery of their care. The interactions we observed between patients and staff were consistently respectful with staff taking time to support, listen and reassure patients. One patient preparing for a diagnostic scan was not offered noise cancelling support such as noise cancelling headphones that reduce unwanted ambient sounds using active noise control; another patient was not offered emotional support after their diagnostic scan.

Summary of findings

Our judgements about each of the main services

Service

Community health services for adults

Rating

Good



Summary of each main service

We rated this service as good. See the overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to Practice Plus Group MSK & Spinal Service, Lincolnshire

Page

5

Information about Practice Plus Group MSK & Spinal Service, Lincolnshire

5

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to Practice Plus Group MSK & Spinal Service, Lincolnshire

Practice Plus Group Musculoskeletal and Spinal Service Lincolnshire had an office base at Langton House, Lindum Business Park, North Hykeham Lincolnshire. The service operates Monday to Friday from seven clinics around Lincolnshire. Clinics are held at: North Hykeham Clinic, Louth County Hospital, The Wragby Surgery Wragby, Skegness Health clinic Skegness, Parkside Medical Centre Boston, Old Leake Medical Centre Boston and Marsico Medical Centre Mablethorpe

The musculoskeletal service provides assessment, treatment and triage service for musculoskeletal conditions for patients over 18 years in the community. The spinal service provides a spinal assessment consultation and diagnostic service.

As part of the inspection we visited:

- North Hykeham Clinic. Practice Plus Group Musculoskeletal and Spinal Service Lincolnshire. A mobile magnetic resonance imaging (MRI) was based on site in the hospital car park.
- Louth County Hospital Louth Lincolnshire. A mobile magnetic resonance imaging was based on site in the clinic car park.
- Langton House Lindum Business Park North Hykeham Lincolnshire (staff office base)

The service has a registered manager. The regulated activities provided were: Treatment of disease, disorder or injury and diagnostic and screening procedures.

The previous inspection was in August 2014. At this time there were no ratings for this service. One standard was inspected Cleanliness and Infection Control Regulation 12. The provider was judged as meeting this standard, the provider was compliant with the regulation.

How we carried out this inspection

Our inspection Team:

Our inspection team was led by an inspection manager.

The team included CQC inspectors, inspection managers, and specialist advisors.

We inspected this service in August 2014 as part of a comprehensive inspection.

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?
-

Summary of this inspection

Before visiting, we reviewed a range of information we hold about the service provider and asked other organisations to share what they knew.

During the inspection visit, the inspection team:

- inspected two sites and the local office, looked at the quality of the clinic environment and observed how staff were caring for patients
- reviewed four patient care plans
- spoke with five patients who were using the service
- spoke with 17 staff members; including senior managers, registered manager, advanced physiotherapy practitioners, clinical leads, radiographers, clinic co-ordinators, administrators and a service driver
- observed three patients during episodes of care
- looked at a range of policies, procedures and other documents relating to the running of the service.

Areas for improvement

Action the service SHOULD take to improve:

The service should ensure that medication storage is monitored during transportation. Where the journey takes longer than two hours then documentation for example risk assessments should be in place.

The service should ensure emotional support for patients to minimise their distress during diagnostic scans.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health services for adults

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Community health services for adults safe?

Good 

Mandatory training

Managers provided mandatory training in key skills to all staff and made sure everyone completed it. Staff were sent email reminders shortly before the training needed to be completed. The overall training compliance rate was 97%. Training included for example infection prevention and control, basic life support, domestic abuse, equality and diversity, fire safety, information governance and data protection, and display screen equipment. Mandatory training was mainly e-learning apart from basic life support with a 96% compliance rate, which combined e-learning and small group work with social distancing. The registered manager's expectation was the staff training rate did not fall under 95%.

We saw a new administrator in post receiving support from experienced staff member; following their training notes to take a telephone referral call with a patient.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. There were safeguarding training for adults and children and separate training for patients non facing staff and patient facing. The overall safeguarding compliance rate was 93%. The service had a safeguarding lead and provided regular advice and guidance to staff.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. The clinics areas were rented, and the cleaning provided by the landlord. We saw staff cleaning between patients' appointments and changing personal protective equipment. One clinician told us extra time had been allocated to clean the clinic area in between patients and at the end of the clinic. The service had infection and control policies in place. The service had an infection protection and control lead who has responsibilities for infection prevention audits across the clinics. We saw that staff undertook pre-safety checks with patients to ensure infection control procedures in place.

Community health services for adults

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. We visited two clinics where patients attended and saw that equipment had been safety tested. We saw two mobile magnetic resonance imaging scanners in use outside the North Hykeham clinic and at Louth Hospital. Magnetic resonance imaging is a diagnostic imaging technique which enables clinicians to visualise internal structures within the body with high quality images. Patients would lie down during the scan. The mobile magnetic resonance imaging scanners were regularly maintained by the service lead at another service location.

At the North Hykeham clinic mobile scanner, a lift was available suitable for wheelchair users. We saw a stretcher on the lift with plastic stretcher cover which looked dirty and worn. The stretcher was available in case of a patient medical emergency. Managers told us the stretcher and stretcher cover would be replaced soon.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. At the first meeting with a new patient, staff completed a full patient assessment in a clinic setting. Patient risk assessments were part of the electronic care record. We found where a risk had been identified; appropriate care had been planned and implemented. Staff were reminded of patient's allergy by an alert on the electronic record. Administration staff would triage and record information and then clinical triage and refer the caller onto the most appropriate service.

The service managed foreseeable risks and planned changes in demand due to the pandemic, for example changing from face to face to patients to telephone consultations.

The service had developed good personal safety protocols including lone working practices, and there was evidence staff followed them.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. We spoke with seventeen staff. The team consisted of 28 staff, the registered manager, consultant orthopaedic surgeon, consultant spinal neurosurgeon, advanced physiotherapy practitioners, clinical leads, radiographers, medical secretary, clinical coordinators, administrators, service support staff and a service driver.

The service had recently employed three administrators who started full time work in July 2021. The service has advertised for an advanced physiotherapy practitioner. The staff turnover rolling rate over the past 12 months were 40% as of July 2021. The service has a small bank of regular staff and locum staff that work regularly across the service and did not employ agency staff. Managers compiled monthly rota's and regularly reviewed and adjusted staffing levels and skill mix. The rolling staff sickness rate were low at 0.40 as of July 2021.

Quality of records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care. We reviewed four sets of patient's records. Without exception records were found to

Community health services for adults

be accurate, complete up to date and legible. The service used different electronic platforms to work from. Staff supervision records were held on a separate IT system and managers had experienced technical difficulties accessing these records due to recent archiving. Managers had put plans in place to address this with a new staff supervision template and revised staff supervision schedule.

Medicines

The service used systems and processes to prescribe, administer, record and store medicines. At Louth hospital we saw two medication cupboards on site. Medication was stored in accordance with guidance. Temperatures were taken and no issues of abnormal readings were found. No medicines on site needed to be kept in a fridge. The service did not use controlled medicines. We saw records of medicines stored and monitored at room temperatures between 17- 20c. The types of medicine stored for example were adrenaline. These drugs could be stored at room temperatures but not above 25c. The service driver would regularly transport medicine and supplies to the seven clinics around Lincolnshire. The medicine storage in the driver's van was not monitored during transportation. Staff told us sometimes the journeys for transporting medicine were long. We reviewed the service medicines policy version 9.2 issued in November 2020. There was no evidence of actions taken should the journey take longer than two hours and during hot weather, we did not see documentation of this for example risk assessments in place.

Incidents

Managers told us there had been no safety incidents or near misses. Managers investigated complaints and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Safety Performance

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public. Staff told us they would review together as a team a live case during a team meeting as a part reflection and training.

Are Community health services for adults effective?

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff followed national institute for health and care excellence guidelines for musculoskeletal and spinal conditions.

The musculoskeletal service provided assessment, treatment and triage service for musculoskeletal conditions in a community setting in Lincolnshire. The service covered a range of musculoskeletal conditions including spine, upper limb joint, upper limb soft tissue, lower limb soft tissue and lower limb joints. The service were supported by a range of staff who were involved at all points of the musculoskeletal clinical assessment and treatment service pathways.

Community health services for adults

The spinal service provided a spinal assessment consultation and diagnostic service. Following a referral to the service, the patient was able to access an assessment with a clinician who specialises in spinal problems and were able to determine a requirement for further diagnostic tests or consult with the patient, and agree the next steps in a treatment pathway. The majority of cases were managed with a minimal number of face to face contacts. The clinicians involved, would determine an effective treatment plan with the patient.

The service offered advice and guidance on self management, advanced physiotherapy treatment for complex patients; joint injections that help reduce pain and swelling in and around the joints (not spinal), and ultrasound guided injections (not spinal).

Staff told us they sought advice and support from experienced staff at the service the consultant spinal neurosurgeon and consultant orthopaedic surgeon. Managers told us of an online service they accessed 24/7 and received timely clinical spinal guidance.

Staff always had access to up to date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Pain relief

Staff considered patients pain when providing care. We observed staff checking patients comfort levels for example identifying what factors aggravated and eased patients' pain. The service may also refer patients on to a community pain management clinic.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Patient outcomes were performed at the beginning and end of the treatment programme to determine improvements in patient outcomes. We saw governance meeting notes where patients' outcomes were discussed.

Managers told us where staff identified patient health concerns these were escalated. One patient attended Louth hospital in June 2021 for lower back pain. When the patient arrived for their appointment their health had significantly declined, and they could barely walk. Clinicians were concerned and felt a two week wait for a scan was too long and sent the patient straight to accident and emergency. The patient were immediately admitted to hospital with a serious condition and remained there for four weeks.

Commissioners told us about a recent request for an intervention for a patient which were outside the service specification, but immediately picked up by the service and a patient consultation arranged.

Competent staff

Managers made sure staff were competent for their roles. They appraised staff's work performance and held supervision meetings with them to provide support and development. We saw some staff supervision and six monthly appraisals records. Staff supervision records were held on a separate IT system. Staff had experienced technical difficulties

Community health services for adults

accessing these records due to recent archiving. We saw a staff supervision audit in May 2021 where managers identified access to supervision and appraisal records needed action. In June 2021 managers put plans in place to address this with a new staff supervision template and revised staff supervision schedule. We saw staff had booked dates ahead for supervision and appraisals with a named clinician.

Advanced physiotherapy practitioners told us about training for guided injections. Two radiologists spoke about accessing funded training. Two clinicians told us the service offered excellent provision of training with regular external speakers from specialist services.

Clinicians told us they were working towards a continued professional development portfolio; and would record their learning activities to enhance their abilities knowledge and skills needed to deliver a professional service to patients.

Multidisciplinary working and coordinated care pathways

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies. The core elements of the patient's pathways were advice guidance and self management, triage, clinical assessment, diagnostic treatment with appropriate follow up care, preliminary fit for surgery assessment, onward referral, discharge to referring clinician with advice. The registered manager had regular meetings with commissioners.

Health promotion

Staff gave patients practical support and advice to lead healthier lives. One of the musculoskeletal pathways for the patient was advice, guidance and self management. Another patient's pathway was health promotion and referral to other agencies for health promotion education.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. We observed staff gaining verbal consent before providing care and saw patients consent forms had been signed by the patient. The paper consent form was scanned and uploaded onto the patient's electronic records. The service regularly audited patient consent to treatment checks.

The staff training rate for Mental Capacity Act and Deprivation of Liberty was 100%. Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguarding adults.

Are Community health services for adults caring?

Compassionate care

We observed care being delivered to three patients in a clinic. In each case we saw staff providing kind and compassionate care. Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We observed one patient during a consultation the patient's privacy and dignity were

Community health services for adults

maintained by closing the window blind when patient had to expose their back. The patient was clearly very anxious, and the practitioner put them at ease. Staff clearly explained what they were going to do before they did it. At the end of the assessment the patient was told what action was going to be taken, a referral for magnetic resonance imaging. The patient was offered the choice of where to have the scan and the type of machinery and the practitioner support the patient to consider issues of claustrophobia.

We read on one patient's electronic notes that the clinician had followed up with a telephone call after the patient's appointment to check on them as they had been very unwell.

Although we observed busy services, this was not apparent to the patients using them, who reported not feeling rushed. The service provided trained chaperones if requested by patients.

Emotional support

Staff did not provide emotional support to patients to minimise their distress during the diagnostic scans. We observed one patient preparing for a diagnostic scan. The patient was not offered noise cancelling support, such as noise cancelling headphones that reduce unwanted ambient sounds using active noise control. Another patient told us they were not offered support to cope with the noise of the scan. The patients said they felt dizzy and had to sing to themselves to cope with the noise from the scanner. The scan causes a wide range of sounds including banging, buzzing and rumbling noises. The scanner patient information leaflet states that some facilities are able to play music through a headset and ear plugs and headphones can be supplied.

The service understood patients' personal, cultural and religious needs. A radiologist at one site told us they saw many patients where English was not their first language. Staff could access telephone interpreting services. Managers had a supply of service information already translated into some community languages. Recently the manager arranged for one patient's care records to be translated from Spanish to English to ensure the patients safety prior to a scan. At North Hykeham clinic we saw information displayed to access interpreters was written in English.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. We saw three episodes of care and each time we saw staff talking and listening to patients concerns about the care planned or being received. Clear and simple language was used to explain the care to make sure patients understood what was happening. Care was delivered in a calm and thoughtful way. Due to the pandemic and infection control restrictions, patients were asked to attend appointments alone.

We spoke with five patients and they told us they were well prepared for the treatment (the exception was one patient) and had received text reminders, letters and maps and service leaflets. For those patients attending North Hykeham clinic patients received a phone call to alert them to extensive road works near the clinic. Appointments were planned at times convenient to the patient.

Are Community health services for adults responsive?

Planning and delivering services which meet people's needs

Community health services for adults

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers told us they worked closely with local service commissioners, including local authorities, GPs and other providers to coordinate and integrate care pathways. CQC received feedback from commissioners around joint working. Commissioners told us of regular contract meetings with the service which continued to take place virtually during the pandemic. These meetings covered: updates on services following/during COVID-19, clinic updates, numbers of referrals, staffing, vaccinations, vacancies/recruitment, use of face-to-face clinics or telephone consultations, waiting list size, feedback from patients and any other information.

Commissioners told us the service were quick to inform them if there were any issues such as the mobile magnetic resonance imaging breaking down, which led to delays for patients; but were also very quick to ensure any backlog were dealt with immediately.

Meeting the needs of people in vulnerable circumstances

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. The service had returned to face to face meetings with patients from July 2020. The patients we spoke to all confirmed how quickly they received their telephone or face to face appointments.

Results from the NHS Friends and Family test from 1st July to 31 July 2021 showed 92% (72 patients) would recommend the service. We saw the NHS friends and family test survey were available in different formats for example patients could scan a code with a smart phone or give feedback on a telephone text. Staff were able to give us examples of meeting patients individual needs and for example taking time to talk to patients and use simpler language.

Patients feedback there were local postal service delays, the service listened and allowed extra time for patients to respond to letters.

Access to the right care at the right time

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to treat and discharge patients were in line with national standards. Most referrals were from the patients GP or nurse practitioner because the patient were experiencing aches and pains related to a musculoskeletal condition. Patients could also self-refer for a review within 6-months of being seen by the service, patients would be seen within 2-3 weeks. Patients would be contacted by the administrative team to book a suitable date and time for their appointment'. People could access the service when they needed it and received the right care in a timely way.

Patients requiring musculoskeletal assessments and treatment supported by diagnostic tests were seen in a timely manner. The service had a target to clinically triage referrals within 48 hours of receiving a complete referral, with patients receiving their first appointment within 3 weeks of clinical triage and their initial care completed within 6-8 weeks.

The service triaged all orthopaedic and musculoskeletal conditions for patients. Musculoskeletal triage is completed initially by administrators on the day of referral or next working day. Following the administrator's triage, the

Community health services for adults

multidisciplinary team consisting of consultant spinal neurosurgeon, consultant in orthopaedics and advanced physiotherapy practitioners would triage the referral within 2 working days. The target had a 100% target rate. Patients would be referred to the most appropriate service for their condition. Patients were offered appointments for investigations or a diagnostic scan.

For the spinal pathway within three weeks of clinical triage patients were offered an appointment from across the different sites as times suitable for the patient with a target rate of 95%. Completion of the pathway was within 6-8 weeks from completed referral received. Referral to discharge time were 100% for all patients.

The registered manager confirmed May to June 2021 the service met key performance indicators targets for triage at 100% for both the administrators and multidisciplinary team. The service had been short staffed of administrators who undertake triage and other staff were self-isolating. However, the service continued to meet the key performance indicators targets because team members stepped in and helped with triage. Three new administrators started work in July 2021

Following clinical triage patients may be accepted in to the MSK & Spinal service for further specialist assessment and treatment, some patients are referred back to their GP with advice and guidance on self-management, physiotherapy, the community pain management service or to secondary care for a surgical opinion.

We observed staff speaking with patients when booking appointments. Where possible staff offered patients flexibility in the time for the appointments. The service had seen a trend in patients non attendance with an increase 5% May and June 2021. The service tried to fill cancelled appointments where there was enough time following the cancellation.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. We saw patient's complaint guide leaflets displayed in clinics. The service treated concerns and complaints seriously, investigated them. The service had received between March and June 2021 eight complaints with none received in June 2021. Commissioners received two complaints from 19 Jul 2019 – 19 Jul 2021 with no complaints received since November 2020. We reviewed the response letters from the managers to the complainants and saw patients were included in the investigation of their complaint and were provided an apology. We saw the service had shared lessons learned with all staff following on complaints for example. One patient complained about going to the wrong clinic, arriving late and was too late to be seen. The service made changes and provided site maps and changed the wording in the appointment letters when arriving late for a consultation. Another complainant a patient arrived at the clinic expecting a diagnostic scan, but there had been a change in the clinic rota and the mobile scan was not available. The service apologised and reimbursed the patient for travel costs.

Staff had an awareness of the duty of candour requirements. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

Are Community health services for adults well-led?

Leadership

Community health services for adults

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. The registered manager worked in a clinic one day a week and also worked in other clinics where required. Commissioners told us managers brought a wealth of knowledge and information about the services they delivered.

The service supported leaders to develop their leadership skills, with two staff on a management training course. The service supported staff to develop their skills, however some staff told us there were limited developments to progress upwards in the organisation.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Staff spoke positively about overall vision and values for the service. The vision and strategy were focused on sustainability of services and aligned to local plans within the local health economy. Leaders and staff understood and knew how to apply them and monitor progress. There was positive feedback from all staff about managers and they appreciated the way in which they tried to communicate with staff to keep them up to date with service information. There were effective governance arrangements in place. Managers were aware of the risks and could discuss the actions being taken to reduce these risks. Staff felt listened to and able to influence service delivery. Staff spoke positively about the organisation and were proud of their work and enjoyed their role.

Culture

Staff said they were respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided some opportunities for career development.

Staff spoke positively about the service and told us that Practice Plus Group was a good employer to work for and was focused on providing high quality care. Staff were supportive of each other. We saw evidence of effective teamwork with staff volunteering to help cover for example triage calls and to take on additional patient consultations. Staff said they were proud to work for the service and enjoyed their role. Staff told us that caring for and helping patients was the best part of their job.

Staff reported a positive culture, they felt valued, listened to and able to speak up if they had concerns. Staff knew about the whistleblowing process with posters around the office base with contact details.

Governance

Managers operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Managers held regular governance meetings, which enabled the escalation of information upwards and the cascading of information from the management team to frontline staff. Staff told us that governance issues were cascaded down and were routinely discussed at team meetings and governance meetings. We reviewed the minutes of various meetings and found they included information on complaints.

Community health services for adults

There was a consistent approach to monitoring and auditing the quality of the service or outcome measures for patients in order to improve the quality of the service delivered. There were monthly audit activity, with some outcome's measures being monitored by commissioners.

Management of risk, issues and performance

Managers and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Managers told us about regular review of the risk register. They had plans to cope with unexpected events.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. The exception was the electronic record keeping systems for staff clinical and management supervision and appraisals. Managers had plans in place to address this.

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. We saw that teams held regular team meetings and we reviewed the minutes of these. This meant there were opportunities for staff to meet formally to discuss issues relevant to the running and development of their service.