

Wokingham Community Hospital

Inspection report

Barkham Road
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Berkshire
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Website: <https://www.berkshirehealthcare.nhs.uk/ic/Date-of-inspection-visit:10-and-11-September-2019-out-of-hours-service-westcall/>
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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?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection July 2018 – Requires improvement)

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 Wokingham Community Hospital also referred to as Westcall Out of Hours on 10 and 11 September 2019. We undertook this inspection due to a previous rating of requires improvement from the inspection undertaken in July 2018. At the previous inspection we asked the provider to take actions due to breaches of regulation. We have issued a new rating as a result of this inspection.

At this inspection we found:

- The service had systems to identify and manage risks to patients and staff.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved patients in their care 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.
- Since the July 2018 inspection, the service had strengthened existing governance and quality frameworks to make improvements. These frameworks aligned to the strong focus on continuous learning and improvement at all levels of the organisation.

We saw an area of outstanding practice:

- There was a clear, systematic and proactive approach to seeking out and embedding new and innovative models of care within the out of hours care setting. This included processes to improve patient care and the operational performance. For example:

-The provider followed through on their own blood tests undertaken during OOHs care. They analysed and reviewed each patient who had a blood test within the service to ensure effective follow up and communication with GP practices. Point of care blood testing was also available.

-Sepsis pathway care was developed to provide initial treatment on OOHs sites prior to admittance to hospital where sepsis was identified as a potential condition. This was audited for effectiveness

-Advance care plan (ACP's) templates were we placed on all GP practice computers in West Berkshire so that they could be uploaded via a shared record system. The service monitors monthly figures of deceased patients, assessed the relevant ACPs and report to the CCG so that they can monitor care planning effectiveness

-A flu prophylaxis service was initiated by Westcall OOHs for local care and nursing homes and has become a commissioned service after this proactive initiative.

The area where the provider **should** consider improvements:

- Continue to consider and how to meet the potential various communication needs of patients, including those with visual or hearing impairments.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team included a lead and second CQC inspector, a GP specialist adviser and a medicines specialist adviser.

Background to Wokingham Community Hospital

Wokingham Community Hospital is the registered location for Westcall GP Out of Hours (OOH) service. The service is provided by Berkshire Healthcare Foundation NHS Trust. The service provides OOH primary medical services to over 550,000 registered patients and those requiring immediate (but not emergency) treatment from the Berkshire West area when GP practices are closed. The service had 75,000 patient contacts a year. West Berkshire includes the towns and surrounding villages of Wargrave, Wokingham, Reading, Newbury and Hungerford. There are many rural areas within the catchment area.

Patients can access the Westcall service by calling NHS 111. An appointment is made directly with the service or patient details are added to a queue for GP triage. Following triage, the GP determines if a face-to-face assessment, home visit or remote home care advice is required and makes the appropriate arrangements. If patients require a more urgent outcome, the service can contact the ambulance service or direct patients to other local healthcare services, including the Emergency Department.

A dedicated operations hub is available to take calls from external providers requiring direct access to Westcall (for example, if looking after a patient with an advanced care plan or on the end of life register). The operations hub will also contact patients if there are delays to a GP making a home visit or a return telephone call. In addition the hub allows direct access for patients with end of life care plans, prioritised access to 999 crews on scene and a general operations support function to our teams on the frontline.

The service is led by a Medical Director, the Head of Urgent Care, a Clinical Governance Lead, Matron and an Operations Manager. This leadership team is supported by Directors at both Divisional and Executive level across the Trust. There are nearly 19 whole time equivalent (WTE) GPs, four WTE nurse practitioners, two WTE paramedic practitioners and three health care assistants. The clinical team are further supported by drivers, receptionists, operations room staff and administration staff. The service is registered to provider the following regulated activities:

- Treatment of disorder, disease or injury
- Diagnostic and screening procedures

The service operations centre and referral hub is based at:

The Old Forge

2nd Floor

45-47 Peach Street

Wokingham

RG40 1XJ

Details of the provider and services offered can be accessed through their website:
www.berkshirehealthcare.nhs.uk

The service has two locations where GP OOH services are provided from:

Reading Primary Care Centre

Maternity block

Ground Floor

Royal Berkshire Hospital

Craven Road

Reading

RG1 5AN

Newbury Primary Care Centre

West Berkshire Community Hospital

Benham Hill

Thatcham

Berkshire

RG18 3AS

We visited the two clinical sites and the operations hub as part of this inspection. The service was inspected in December 2015, April 2016 and July 2018. All the previous inspection reports can be found by selecting the “all reports” link for “Wokingham Community Hospital – Westcall Out of Hours” on our website at www.cqc.org.uk.

Are services safe?

At the last inspection in July 2018 we rated the service Requires Improvement for the provision of safe services. This was because:

- We found that safeguarding training was not always provided to staff. We identified some concerns regarding access to patients' care records required to make informed decisions. There was not always a clear mechanism for reporting and learning from incidents.

At the September 2019 inspection we saw improvements had been made and 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 which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. 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 were clear on how to report any concerns which may indicate patients required protecting from abuse or harm.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The provider had changed their policy on checking new staff employment histories. This led to a potential gap in checking whether any gaps in employment had been checked. The out of hours (OOHs) management team implemented an immediate change to their recruitment procedures to ensure that any gaps were accounted for.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. This included infection control audits, hand hygiene audits and cleaning checks. There was a programme of visual checks undertaken which was led by a Matron within the OOHs service and this included checking for appropriate standards of cleanliness.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for 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. Their suspected sepsis care pathway enabled patients to receive initial treatment prior to hospital admission which reduced the risk of the infection becoming more serious prior to hospital treatment. We also saw sepsis literature and sepsis awareness material in patient waiting areas in both the primary care centres we visited. Sepsis is an exacerbation of infection which can be life threatening.
- Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help from external services such as pharmacy in normal hours when their conditions were minor and not requiring urgent treatment. They advised patients what to do if their condition got worse.

Information to deliver safe care and treatment

Are services safe?

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.
- GPs were able to access summaries of care from patients' own GP practices. This enabled pertinent information to be available when considering the best care for patients within the OOHs setting.
- 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. Some protocols were designed to reduce the need for referral to hospital. For example, a urology pathway tool had been developed that enabled patients to be able to be cared for in the OOHs service, sent home and then seen by a hospital outpatient service when needed, rather than being admitted to hospital for a routine urology concern.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms in coordination with the district nursing team and OOHs service if required.

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 local A&E department, NHS 111 service and other urgent care services.

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.
- 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 organisations. Learning was used to make improvements to the service.

Are services effective?

At the last inspection in July 2018 we rated the service Requires Improvement for the provision of effective services. This was because:

- Training was not always adequately monitored and the provider was not fully monitoring quality and identifying improvements to services. During this inspection we identified that improvements had been made and we found that care was delivered effectively to patients.

At the September 2019 inspection we saw improvements had been made and 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 assessments followed guidance and some exceeded standard assessment criteria and care planning in primary care. Patient care was delivered 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.
- Initial telephone assessment was carried out using a defined assessment criteria.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients' needs could be more appropriately met by another service, they were redirected to recommended in hours services or other urgent care services.
- The provider followed through on their own blood tests undertaken during OOHs care. They analysed and reviewed each patient who had a blood test within the service to ensure effective follow up and communication with GP practices.
- In addition they undertook point of care blood testing (where analysis takes place quickly and at the site of care) for a number of testing criteria. This led to faster and more appropriate interventions. It also led to more appropriate prescribing. For example, patients assessed for bacterial throat infection using a tool called 'fever pain' score were also provided with strep A tests (designed to give a more accurate confirmation of the

presence of bacterial infection than clinical evaluation). Reviewing August 2019 data the provider identified that 11 patients who would not have been given antibiotics without strep A testing benefitted from receiving them due to a diagnosis and three patients would have received anti-bitotic prescriptions without the need for them.

- 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.
- There was a system in place to identify frequent callers and patients with specific needs who required particular support.
- When staff were not able to make an appointment on behalf of the patient, there were clear referral processes.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. This included audits on prescribing, patient wait times and utilisation of specific care pathways such as the sepsis care pathway. Where appropriate, clinicians took part in local and national improvement initiatives.

- The provider was not assessed on their performance by commissioners using the National Quality Requirements, as these had been retired from use. However, the provider continued to use these indicators and used the benchmark of 90% as a key performance indicator (KPI's) for the various measures used:
- From April 2019 to July 2019 the service met the target of non-urgent home visits within six hours every month except July (short by 0.9%)
- From April 2019 to July 2019 the service met the target of urgent home visits within two hours only once but the months this target was missed showed this was missed by no more than 5%.
- From April 2019 to July 2019 the service met the target of all routine appointments being completed in six hours every month.
- From April 2019 to July 2019 the service met the target of urgent appointments being completed within two hours once but achieved in excess of 86% every month.

The provider monitored its missed KPIs by analysing the specific cases to identify any potential risks to patients and

Are services effective?

understand how the service may be improved. We saw the service was working with a software design company who had created a comprehensive, complex yet clear bespoke performance dashboard and a service specific set of criteria to measure their OOHs performance on. This was aimed at identifying the cause and detailed analysis behind missed targets to identify a deeper understanding of performance and where risks may be identified and mitigated. We also saw the provider had commenced discussions to enable the dashboards and performance notifications to be installed on mobile technology platforms, for example smartphone to further support the management, senior leadership team and on-call team to effectively monitor and manage performance remotely.

- The service monitored aspects of care through clinical audit. This included several ongoing audits including antibiotic prescribing and use of care pathways. For example, the sepsis care pathway was monitored to identify its effectiveness. This identified increased use of the pathway in 2017 compared to 2016. In 2017 there was a 58% confirmed and 80% possible rate among patients identified as potentially having sepsis and receiving interventions.
- Clinical supervision audits took place to ensure that clinicians were monitored in their work.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding and awareness on the Mental Capacity Act (2005).
- The service management were aware of changes to safeguarding training requirements and were ensuring all staff had or were working towards the appropriate level of awareness.
- There was a checking process to ensure temporary or sessional staff had training from their usual employer. Where sessional staff required an update on training, their training was monitored using the same system as permanent staff to ensure they were monitored and prompted to undertake courses.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included clinical supervision, appraisal 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.

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 teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Advance care plan (ACP's) templates were placed on all GP practice computers in West Berkshire so that they could be uploaded via a shared record system. The service monitors monthly figures of deceased patients, assessed the relevant ACPs and report to the CCG so that they can monitor care planning effectiveness.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. There were clear referral guidelines which were localised to ensure the appropriate services were accessed. For example, a urology pathway had been developed which identified the appropriate care and referral for outpatients' services, avoiding the need for admission unless necessary.
- Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.
- 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.

Are services effective?

- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them.

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.
- A flu prophylaxis service was initiated by Westcall OOHs for local care and nursing homes and has become a commissioned service after this proactive initiative. This has led to the assessment of patients and treatment of 196 patients deemed at risk of or having developed flu. This reduced the risk to older patients associated with flu symptoms, which can be very serious and potentially life threatening.
- 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 patients' 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?

In July 2018 we rated the service good for providing caring services.

At this inspection 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. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- All of the 22 patient Care Quality Commission comment cards we received from both sites were positive about the service experienced. We spoke with two patients who told us the service was caring and welcoming.
- The service received 4.5 stars on NHS Choices from patient feedback.

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.
- The service was undertaking a comprehensive review of its compliance to the Information Standard at the time of the inspection.
- Patients told us through comment cards, that they felt listened to and supported by staff.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were made available if required.
- Staff helped patients and their carers find further information and access community and advocacy services.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

In July 2018 we rated the service good for providing responsive services.

At this inspection 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 variety of different needs of the diverse populations and communities within West Berkshire, we saw the service was tailored in response to those needs.
- The provider engaged with commissioners and the local healthcare services to secure improvements to services where these were identified. For example, patient pathways were created with external providers such as acute hospital departments to promote efficiency and streamlined care for patients.
- GPs we spoke with were aware of how to identify patient specific needs from the shared record system used by OOHs services. They were clear on what external support organisations were available for non-clinical support patients may require.
- Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- Dedicated direct access was provided to patients nearing the end of their lives and their families to avoid any delay with 111.
- The facilities and premises were appropriate for the services delivered. They were suited to patients who used wheelchairs or mobility scooters.
- There was no hearing loop.
- A flu immunisation service was provided by the service in local nursing homes where patients were not otherwise able to access these.

Timely access to the service

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

- Patients were able to access care and treatment within certain timescales dependent on their need. The

provider monitored these timescales and usually achieved their targets. Where patients had more urgent needs there were processes for other emergency services to be alerted such as ambulances.

- The service operated from every workday from 6.30pm to 8am and all day on weekends and bank holidays.
- Patients could access the service by calling 111 and then receiving a referral if appropriate. The service provided their own telephone assessment service or consultation if appropriate.
- The service did not see walk-in patients and a 'Walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment. If patients presented with an urgent need the service had a process for staff to follow to ensure seriously ill patients or those with urgent needs were not turned away.
- The service had a system in place to facilitate prioritisation according to clinical need. 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.
- Reception staff had a clear view of the waiting areas ensuring they could monitor for collapsed patients or clear medical emergencies.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Referrals and transfers to other services were undertaken in a timely way.

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 with respect.
- The complaint policy and procedures were in line with recognised guidance. There had been six complaints so far in 2019 (January 2019-September 2019). We reviewed one of the complaints, the investigation process and found it was satisfactorily handled.

Are services responsive to people's needs?

- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient

pathway where relevant. A complaint related to a GP's communication was investigated and learning regarding appropriate communication was included in a staff newsletter.

Are services well-led?

At the last inspection in July 2018 we rated the service Requires Improvement for the provision of well-led services. This was because:

- We identified gaps in governance systems which had led to unidentified and unmanaged risks.

At the September 2019 inspection we saw improvements had been made and we rated the service as good for providing well-led services.

We rated the service as good for leadership.

Leadership capacity and capability

Leaders across all levels of the service had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the OOHs experience, capacity and skills to deliver the service sustainably and identify improvements.
- Westcall service leaders were well supported by the provider.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The clinical and non-clinical leadership teams were experienced and qualified in their roles.
- Leaders at all levels were visible and approachable. Staff commented on appointments to the leadership team during recruitment processes. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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 also an aligning technological vision which aimed to introduce and develop innovation and data into OOH service. The service told us, this secondary vision would in turn improve patients outcomes and the efficiency of the service.

- There was a clear vision and set of values. The service had realistic strategies and supporting business plans to achieve priorities.
- 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. This work was captured as part of the Thames Valley Integrated Care Alliance.
- Leaders and managers 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. All staff we spoke with said they were proud to work for the service, support from the managers including matrons and commented on the overall improvements the service had made in the last 12 months.
- Staff turnover was very low at 1% and sickness levels were less than 2%.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw candour was demonstrated with staff and patients.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. For example, health care assistants were developed to provide extended roles which enhanced efficiency for patients and diversified their roles within the organisation.
- There was an appraisal programme and this was monitored to ensure compliance.
- Clinical staff, including nurses, 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 was working with local services and commissioners to implement an 'Always Event Initiative'. This engagement initiative is aimed at understanding what really matters to patients, people who use the service, their families and carers in order to co-design changes to improve experience of care. The

Are services well-led?

goal being an “Always Experience”. An audit has been undertaken in the form of patient questionnaires and the service is currently identifying themes in order to produce an aim statement.

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 and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The service undertook monthly service feedback sheets that identify patient safety and quality issues and report these to the patient safety and quality meetings. These were overseen by the divisional director and clinical director to identify key issues in areas focusing on harm free care, patient experience, staff morale and cost effectiveness.
- 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 risks.

The previous CQC inspection in July 2018 prompted holistic changes to governance, not isolated to the specific areas of concern identified. For example, visual audits of premises and equipment.

The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.

Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators.

Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

The provider had contingency plans for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- Monthly clinical meetings were held with a broad range of staff including a consultant in order to discuss a wide range of important topics. These included complaints and interesting clinical cases. Minutes with identified learning points are circulated to all the WestCall OOHs clinicians.
- Patient feedback was considered in the running of the service. However, negative feedback was low. The complaint rate across the OOHs service was 0.02% of contacts resulting in a complaint.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard

Are services well-led?

and acted on to identify service improvements where possible. For example, signage at the clinical sites was being reviewed to make improvements for patients locating the OOHs service at the hospital locations.

- Staff were able to describe to us the systems in place to give feedback. Staff described an open culture where they were able to contribute and propose ideas.
- The service was transparent, collaborative and open with stakeholders about performance. The service worked closely with local Healthwatch to identify patient feedback and involve other local stakeholders.
- Staff newsletters were circulated to help communication. Changes to process and guidance were shared directly and through newsletters to ensure learning was embedded.

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, health care assistants were being trained to undertake broader roles, which supported the rest of the clinical team and drove efficiency in patient care.
- The service had implemented clinical site audits to review premises, stock, medicines, equipment and vehicles. These audits were managed by one of the service leadership team and compliance with the audits was closely monitored.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. This included reviews of incidents and learning with external services to ensure cross provider learning was identified and shared.
- Communication aids and visual signage was being reviewed across the service to identify improvements for patients.
- A medicines bulletin and clinical governance newsletter had been implemented since the last inspection to keep staff up to date of relevant changes.