

# Chadwick Medical Practice (also known as Hartlepool and Stockton Health Ltd.)

## Inspection report

Hartlepool and Stockton Health Ltd  
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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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

# Overall summary

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

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Outstanding

We rated effective as Outstanding as there was a truly holistic approach to assessing, planning and delivering care and treatment to all people who used the service.

We rated responsive as Outstanding because people could access appointments and services in a way and at a time that suits them.

We rated well-led as Outstanding because the provider had a highly developed ethos of patient and staff wellbeing underpinned with a clear strategic focus for the development of excellence.

We carried out an announced comprehensive inspection at Chadwick Medical Practice as part of our inspection programme. Hartlepool and Stockton Health Ltd provided extended access provision from these premises.

Management and clinical oversight of the service is provided by Hartlepool and Stockton Health Ltd.

The clinical director of Hartlepool and Stockton Health Ltd is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We obtained feedback through comment cards and discussion, 37 patients provided feedback about the service. We also looked at evidence from the service from patient and stakeholder feedback.

During the inspection we reviewed a range of systems and processes relating to governance, service delivery and customer care.

## **Our key findings were :**

At this inspection we found:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The service consistently reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence based guidelines.
- Feedback from patients who used the service, those close to them and external stakeholders was continually positive about the way staff cared for patients.
- Patients found the appointment system easy to use and reported access to appointments was excellent staff confirmed this.
- Leaders had the capacity and skills to deliver high-quality, sustainable care. They had an inspiring shared purpose, strived to deliver and motivated staff to succeed.
- Staff told us they felt supported and engaged with managers and there was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw the following outstanding practice:

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- There was a strong commitment to staff development, ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice.
- The leadership drives continuous improvement and staff are accountable for delivering change. Safe innovation is celebrated. There is a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection Manager, a GP specialist adviser, and a second CQC Inspector.

## Background to Chadwick Medical Practice

Chadwick Medical Practice, One Life, Park Road, Hartlepool, Cleveland, TS24 7PW is a location of Hartlepool and Stockton Health Ltd (the Provider) and is where they provide the extended access GP service.

Hartlepool and Stockton Health Limited is commissioned by Hartlepool and Stockton Clinical Commissioning Group (CCG) to operate this service. Hartlepool and Stockton is a federation of all GP practices within Hartlepool and Stockton CCG locality has been formed since 2016. They offer services to 300,000 patients registered with 32 practices.

The service operates extended hours appointments from 6.30pm to 8pm Monday to Friday at Chadwick Medical

Practice. It also provides a service from 10am to 1pm on Saturdays and 11am to 1pm on Sundays. It offers routine face-to-face appointments to patients who have been referred to it via their own GPs.

Chadwick Medical Practice is an existing GP practice registered separately with CQC and has been previously inspected and rated. Hartlepool and Stockton use the premises to deliver the extended hours scheme.

Hartlepool and Stockton Health Limited provides the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

# Are services safe?

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

## Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies including 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 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 took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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). If staff had not worked for 3 months and wanted to stay on the books they had to go through all recruitment checks again to make sure they were still safe to work
- 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. Daily checklists were completed by clinical staff in respect of their personal responsibilities in relation to infection and prevention control. These were monitored daily by the organisation. The provider had also been provided with an audit conducted by North Tees and Hartlepool NHS Trust, infection and prevention control team, completed 8 October 2018. This again formed part of the providers ongoing monitoring of Chadwick Medical Practice.

- The provider ensured that facilities and equipment were safe and that equipment had been maintained according to manufacturers' instructions. They had undertaken checks and had assurances and evidence that the required checks had been conducted by the practice.
- 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.
- 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.
- 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.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Appropriate and safe use of medicines

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

## Are services safe?

- The systems and arrangements for managing medicines, including emergency medicines and equipment, minimised risks. Records were reviewed in respect of the checking of emergency equipment and drugs. The service kept prescription stationery securely and monitored its use. Detailed logs were kept in respect of this.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. They had begun a series of audits of management of common infections, for example urinary tract infections.
- Staff prescribed 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. Prescribing data for 7-day extended access had been analysed by the Medical Director and a Senior Pharmacist. They had used the data in the report to identify areas for improving safety or performance and were focussing on Antibiotic Stewardship over the next year. The report and lessons learned had been shared with prescribing clinicians via the Medical Director's Newsletters.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

### Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service 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 NHS 111 service and the CCG.

### 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 effective 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. They had been one significant event in the past three years. This related to the death of a patient. This was fully investigated, shared with involved parties (111), the CQC and Clinical Commissioning Group who facilitated national reporting in line with the provider's policy for significant events.
- As a result of the significant events, information was shared with the individual clinician whose clinical records were re-audited but showed no pattern of poor recording/performance. The wider learning about the recognition of conditions with atypical presentations that may present more frequently in this style of service compared with routine hours primary care was reflected upon as part of the Quality and Patient Safety Board. A series of researched articles were prepared and shared looking at some common diagnostic challenges that may present as unscheduled care.
- 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 staff.

# Are services effective?

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

**There was a truly holistic approach to assessing, planning and delivering care and treatment to people who use 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.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- 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.
- Technology and equipment were used to improve treatment and to support patients' independence, for example the use of ALIVECOR (this is an app used in the diagnosis of atrial fibrillation – irregular heartbeat).
- Staff assessed and managed patients' pain where appropriate.
- We saw the organisation had set up a range of separate 'Grab Boxes' in each of the services. These included boxes containing ear syringing, wound care, spirometry and diabetes equipment, amongst others. We saw that each clinician had the required boxes in their clinical rooms, depending on the clinical service they were providing, for example diabetic reviews. There was effective system in place for monitoring stock levels and for the replenishment of stock.

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

- We saw the service made improvements through the use of completed audits. Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider monitored individual clinician's performance within 7-Day and Extended Hours using the RCGP Urgent Care Toolkit to guide notes audits. This was done by the service clinical leads undertaking notes reviews and feeding back to clinicians on their performance against the required standard. This was benchmarked against the performance of other clinicians operating within the service and individual or system learning shared as appropriate. Evidence of this was seen during the inspection, which highlighted both positive actions and also when things had gone wrong.

We saw the provider was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

**All staff were actively engaged in activities to monitor and improve quality and outcomes. The continuing development of staff skill, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice.**

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

- The provider had a culture department who oversaw all of the human resource and staff training requirements. The culture department made sure that each new member of staff was supported by a named individual from this department. No member of staff was able to work until all recruitment parameters had been met and a second check of personnel files had been signed off by a senior manager.
- Staff were provided with a role specific staff handbook, which contained a range of information in relation to the expectations of their specific roles. They contained specific flowchart pathways for example how to deal

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with pathology out of hours. They also contained information about availability and what the organisation expected in the event that the clinician was no longer available. The aim of this was to ensure minimal disruption to any of the service and impact on patients.

- We found all staff were appropriately qualified for their specific roles. The provider had an induction programme for all newly appointed staff. This was role specific and covered a range of protocols and systems. For example, if it was a practice nurse it would cover stock management, daily checklist for infection and prevention control and use of ALIVCOR (diagnostic tool for atrial fibrillation – a condition in which there is an irregular heartbeat).
- As well as induction, the practice had a system for staff to be fully supported prior to independent working within the organisation. This included completing a work skills matrix assessment to ensure skills were within scope of practice, as well as a buddying system, until confidence and competence had been fully assessed for the roles.
- 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 monitoring of staff training was very good and we saw that 98% of staff had completed all mandatory and clinical specific training.
- The provider had developed a coffee and curriculum programme. This delivered local speakers on topics of interest to clinicians and was offered as a way of keeping abreast of developments. Topics included, Mental Capacity Act, heart failure, domestic abuse and transgender awareness.
- The provider gave staff continual ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The provider had developed and rolled out a specific training programme and workbook to educate staff on identifying patients with deteriorating conditions,

including sepsis. This training had been delivered to 130 reception staff across six sessions and to 25 Clinical Leads from shareholder GP practices. It had also been rolled out nationally and the following data was provided: E learning for Health and Health Education England showed the download activity for the Deteriorating Patient Receptionist training with 1200+ items downloaded by 208 users.

### 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.
- Patients received coordinated and person-centred care. 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. The service worked with patients to develop personal care plans that were shared with relevant agencies.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- 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, transfers to other services, and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services.
- The organisation had reviewed the needs of the population with the CCG locality and developed services in which they could add value to the needs of patients within the wider community. This included ear syringing and introducing the use of ALIVECOR to assess for atrial fibrillation. Since the introduction of ALIVECOR, 737 patients had been screened and 48 were found to have an abnormal rhythm. These patients had been referred on for further action.
- In response to a gap in service provision within the CCG locality the provider had sourced and delivered training

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in respect of leg ulcer management. It was identified that patients had up to a 12 week wait for secondary care to carry out full assessments. Staff had been trained in respect of the ankle-brachial pressure index, a measure of the fall in blood pressure in the arteries supplying the legs (ABPI). At the time of the inspection, there was no data to show actual impact as it had only recently been introduced, however staff at Chadwick Medical Practice had commenced this provision.

### 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 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?

## **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. 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 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented about how they felt valued when they left the practice, that staff were pleasant and polite and they had always felt their dignity was respected. They also commented about the kindness and professionalism of the staff.
- Patient survey data provided by the organisation demonstrated that of 247 patients surveyed, 66% felt the service was very good, while a further 28% felt the service was good.
- The provider had also surveyed 468 patients between 23 May 2019 and 28 October 2019. This captured information about why patients were using the extended access service, what clinician they saw, whether they would recommend the service and specific comments about the service provided to them. Again, comments were really positive about the staff and service provided to them.

### **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff 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 always respected confidentiality .
- 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 outstanding for providing responsive services.**

**Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.**

**There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality.**

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, they were fully aware of the health inequalities, some of which were significant, such as dying from preventable causes. Data showed that per 100,000 population people dying from preventable causes in England was 182, while in Hartlepool it was 252.
- The provider had developed a cultural profile document for all of the different ethnic groups of people living in Hartlepool and Stockton. This gave staff information about the number of people within these specific groups and a full range of information about their beliefs. This included information about family and kinship, gender issues, religion, birth and much more.
- The provider engaged with commissioners to secure improvements to services where these were identified.
- The provider improved services where possible in response to unmet needs. This included the provision of ear syringing.
- The organisation had introduced First Contact Physio in their 7-day service in response to GP feedback regarding time spent on musculoskeletal (MSK) problems. Data provided showed the service was for 15 hours per week and in the first six months had 98% usage.
- 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, babies, children and young people.
- In response to a gap identified in nurse succession in Hartlepool and Stockton, a career start scheme was developed and implemented – Florence Nurses. To date, there have been four graduates, with permanent employment being secured.

- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. Chadwick Medical Practice had been chosen by the organisation as one of the sites to provide the extended access service due to the location, accessibility and layout.
- The service was responsive to the needs of people in vulnerable circumstances.

## **Timely access to the service**

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

- The service did not see walk-in patients.
- The reception staff at Chadwick Medical Practice 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. All reception staff had received sepsis training, which had been developed by Hartlepool and Stockton Health Limited. The receptionists informed patients about anticipated waiting times.
- Patients had timely access to initial assessment, diagnosis and treatment.
- Hartlepool & Stockton Health monitored all contracts in conjunction with their Key Performance indicators (KPIs). All data was submitted to the commissioners on a regular basis and also used for on-going service improvements. KPI delivery was based on hours of delivery per week across all sites and reported on a weekly basis. The provider was commissioned to deliver 945 appointments per week. Data looked at showed that 946 appointments had been offered. The provider was required to meet the KPI of 75%, data showed they achieved 76.4% excluding DNAs.
- Waiting times and delays were minimal and managed appropriately.
- The service engaged with people who were in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

# Are services responsive to people's needs?

- Referrals and transfers to other services were undertaken in a timely way.
- The provider has never had to cancel any appointments and has never needed to use locums at the extended access service.

## **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. Five complaints were received in respect of the extended access service since October 2018, one of these was in relation to Chadwick Medical Practice. We reviewed complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. Examples of complaints related to GP attitude. The organisation dealt with those complaint with the staff concerned. In addition, a reiteration was sent to all staff in relation to the expectation of the standard to deliver the best patient experience.
- As a result of a significant event, the provider had also developed 'Lucy's Casebook' (Unusual Presentations of Uncommon Conditions – named after one of the clinical leads). This was an irregular series of short papers to address conditions of high consequence that are unusual in general practice but present with increased frequency in unscheduled care services or where the presentation is known to be variable and diagnosis challenging. Papers included information about testicular torsion, sepsis and ruptured aortic aneurism.

# Are services well-led?

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

## **Leadership capacity and capability**

**The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.**

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective system that staff were able to use. All staff identity cards detailed managers names and contact details on the reverse of their cards. It was confirmed that managers were accessible and very approachable whenever the services were operational and beyond.

## **Vision and strategy**

**The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership.**

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

## **Culture**

**Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed.**

The service had a culture of high-quality sustainable care.

- There were high levels of satisfaction across all staff. There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce.
- Staff were proud of the organisation as a place to work and spoke highly of the culture.
- Staff felt respected, supported and valued.
- The provider celebrated staff success, for example, flowers were sent to the Florence nurses for passing exams, giving staff an Easter egg and providing a Christmas party.
- The service focused highly on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and 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. They had confidence that those would be addressed.

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- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff at all levels were considered valued members of the team. They were given protected time for professional and personal development. Clinical staff had protected time for their professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- A staff survey was conducted in September 2019 which had been completed by 43% of the workforce. 97% said they worked for a friendly organisation, 88% understood the aims and objective with 93% understanding how their role contributes to the organisation. 90% felt supported in their role.

## 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.
- 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. There were effective systems in place for regular reviews and updating and those were carried out by the most appropriate person.
- Performance information was presented both monthly and quarterly and usage was discussed at both

operational meetings and escalated to Quality and patient safety if required. The provider shared information with member practices to both demonstrate value and opportunities to increase utilisation of services.

- A series of operational audits and verification visits were undertaken to ensure that key safety and operational standards are being maintained. The verification visits were unannounced, and the provider completed a checklist which covered a range of areas. This included, checking that the appropriate information was available to patients, for example the complaints and chaperones. We looked at the most recent verification checklist which was conducted at Chadwick Medical Practice on 7 November 2019. Where necessary, action had been taken, for example it was noted that the complaints procedure was not on display, however, when checked it was available within the patient information folder. The individual clinicians were also spoken to and checks were undertaken on their clinical rooms in respect of health and safety and infection and prevention control.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

The provider had processes to manage current and future performance 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. The information was shared with staff and the local CCG as part of contract monitoring arrangements.

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

# Are services well-led?

The providers had plans in place and had trained staff for major incidents. We saw a major incident grab box was available within the head office.

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 all 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.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were 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**

**There were consistently high levels of constructive engagement with staff and people who used services, including all equality groups.**

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 were able to describe to us the systems in place to give feedback. Staff who worked remotely were engaged and able to provide feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

**There was a fully embedded and systematic approach to improvement, which made consistent use of a recognised improvement methodology.**

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.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. Example included, training for staff in respect of the deteriorating patient and sepsis, introduction of additional training in respect of leg ulcer management and the work undertaken in respect of Florence Nurses.
- The Innovation Director led the ALIVECOR project with AHSN (Academy of Health Science Network – for improving patient health) and the CCG.
- The Clinical Director implementing the work in respect of Sepsis nationally.