

Viaduct Care CIC

Inspection report

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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.

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 the Viaduct Care community interest company (CIC) GP Federation on 16 December 2019. This was the first inspection of this extended hours service. Our inspection included a visit to the service's headquarters, its reception and treatment rooms and to one of the eight hub sites where the service operated.

Viaduct Care GP Federation provides extended access appointments with GPs for patients of all practices within the Stockport clinical commissioning group (CCG) during evenings and weekends. The provider also works closely with the CCG to produce and help practices deliver a quality improvement programme aimed at improving the health of the local population. The service provides pharmacy, well-being, acute home visits and first line physiotherapy services in addition to GP services. GP Extended hours are from 6.30pm to 8pm weekdays, 8 am to 1pm at weekends and treatment room extended hours 9am to 5pm at weekends at the providers base.

The chief executive officer (CEO) 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.

As part of our inspection, 12 people provided feedback about the service via CQC comment cards and we spoke to a further four people who told us about their experiences using the service during the inspection visit. All of them were very positive about the service. Patients described the service as excellent and praised the staff and GPs for their caring and understanding attitude. They told us they found the service very convenient and the clinicians very professional.

Our key findings were :

- The service had comprehensive systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes. There was a blame free culture.
- 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.
- There was a strong focus on quality improvement. Audit was meaningful and informed by service outcomes.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. Patient feedback on the service was consistently positive.
- Continuous learning and improvement were central to the organisation. Practice and patient needs were used to inform service development and were fundamental to the organisation aims and values. Staff were clear on how they contributed in providing high levels of patient care.
- Leaders had an inspiring, shared purpose, and strived to motivate staff to succeed. There was strong collaborative team working ethic and reliable support across all areas. Staff we spoke with told us how clear, inspiring and motivating the leadership team were. The leadership team had been quick and thorough in introducing new and responsive services to the people of Stockport.
- Staff at all levels were enthusiastic and demonstrated high levels of knowledge and professionalism.
- There was a common focus on improving the quality and sustainability of care.

We saw the following outstanding practice:

- All staff were highly engaged with the leadership team to provide the best outcomes and care possible, staff reported high levels of support and understanding of how to achieve this. Staff had been involved in developing their vision and values and feeding back on how the work they did achieved high standards of care.

Overall summary

- Staff at all levels of the organisation had spent time reflecting and documenting how they contributed and strived to exceed the health and social care regulations that applied to their service delivery.
- The provider had introduced quality champions for each of their identified quality standards; medicines management, medicines equipment, safeguarding, infection control, information governance, leadership, health and safety, case studies, clinical records, quality improvement and supervision.
- The provider worked with other stakeholders to positively contribute to the local healthcare economy and ensure patients receive the most appropriate care, therefore relieving pressures elsewhere in the system.

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 GP specialist adviser and a second CQC inspector.

Background to Viaduct Care CIC

Viaduct Care CIC is a GP federation formed to provide additional services and extended hours access to the population of Stockport (approximately 300,000). The service operates under a contract with the Stockport clinical commissioning group (CCG) and provides healthcare services to all residents in Stockport.

The service headquarters is located at Kingsgate, Wellington Road, Stockport SK4 1LW, on floors one, two and five of a multi storey modern building, with the treatment rooms and a reception area being located on the second floor.

The service provides patient appointments to support primary care services by enabling patients to obtain a pre-booked appointment outside of their own practice's core opening hours. Extended hours appointments can be booked through a patient's own GP practice and are available seven days a week, between 6.30pm to 8pm Monday to Friday, and 9am to 5pm on Saturday and Sunday. The service does not accommodate walk-in patients.

Surgery sessions are run from eight GP practice sites, covering 8 regions of Stockport, formerly called "neighbourhoods", but now reduced to seven primary care networks (PCNs). For this inspection we visited the provider headquarters, the reception and treatment rooms at the headquarters in the evening and one of the hub sites at Woodley Health Centre, Hyde Road, Woodley, Stockport SK6 1ND.

The service weekday and weekend surgeries operate using GPs, nurses and paramedics to offer patient appointments. On weekdays, Viaduct care supports all 37 GP practices with additional pharmacy, well-being, acute home visiting, GP winter pressures appointments and physiotherapy services. At weekends there are morning surgeries at four of the eight hub sites, these alternate each weekend. The provider offers a clinic at the main site between 9am and 5pm Saturdays and Sundays, these clinics are staffed with a health care assistant (HCA) and Paramedic Practitioner.

There are service level agreements and information sharing agreements in place between the service and all GP practices. A team of managers and administrative staff supports the service.

At the time of our inspection, the service directly employed a chairperson, four directors, two assistant operations managers, and a team of management and administration staff. The clinical team consisted of seven GPs, 33 pharmacists, 16 well-being and self-care coordinators, nine first contact physiotherapists, two nurses, two paramedics and four health care assistants (HCA).

The provider is registered to provide four regulated activities; diagnostic and screening procedures, maternity and midwifery, transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury.

How we inspected this service

Before the inspection we reviewed information from stakeholders, information provided by the service and information provided to us by patients.

During our inspection, we spoke with a range of staff and spoke with patients who used the service, we spoke with four of the seven clinical directors of the PCNs, observed how patients were being cared for in the reception area, reviewed comment cards where patients and members of the public shared their views and experiences of the service and looked at information the service used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health (CoSHH) and Health and 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, included details of how the service would manage risks to patient safety, 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. All staff had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Staff we spoke with were aware of who the safeguarding leads were and were able to provide examples of how safeguarding concerns had been identified and actioned.
- There was an effective system to manage infection prevention and control. We noted infection control audits had been undertaken and any actions needed had been addressed. Regular hand hygiene audits were conducted.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. As patients were seen by staff at external locations, which were managed by

other (CQC registered) healthcare providers, the service developed a system of checks in order that they could be more formally assured that premises and equipment were safe.

- The provider had developed a system for recording, investigating and reviewing significant events, all staff were able to complete incident forms and were confident and competent in identifying and submitting them. We saw examples of how incidents were dealt with in a blame free and transparent manner, this led to improved systems and less likelihood of re-occurrences.

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 and gaps in service provision.
- There was an effective induction system for all staff tailored to their role. There was a comprehensive checklist in place to ensure all appropriate subject areas and checks had been completed.
- All clinicians had an individual logon for the computer system. This ensured no patient-identifiable information was left on the computer when they logged off.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits. The provider worked with the local hospital trust and a GP from the service worked in the accident and emergency department to identify elderly and frail patients who may be better cared for outside a hospital environment.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- There was a comprehensive business continuity plan in place. There was a business continuity file in place at each of the service delivery sites which included policies and procedures and paper forms and stationery to use in the event of computer failure.

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. Data-sharing agreements with all patient practices allowed the provider to access patient electronic records and update them accordingly.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There were systems in place to deal with all forms of communication to and from the service. Service protocols were available to all staff on the shared computer drive. The service ensured the patient's own GP received confirmation when a patient had been seen in an extended hours appointment.
- If staff required any advice or guidance their computer systems provided them with contact details of the on-duty clinician, manager and executive, who all encouraged direct contact. Staff told us this was an effective method and that advice was always available should they need it.

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 minimised risks. We saw evidence of regular monitoring for these and checks that had been undertaken. We saw clinicians had a list of emergency drugs available with indications for use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Audits were carried out to establish reasons for any identified increases in prescribing and to ensure prescribing complied with medicine safety alerts.
- We were shown data that evidenced the provider was completing over 1,000 medicines reviews per month, these reviews would previously have been completed by GP practices or not undertaken.
- Staff prescribed or administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

- The service audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in reviews of their medicines when necessary.

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 quality improvement plan in place that was regularly reviewed, and reports of activity were comprehensive and used to monitor progress against provider and contractual targets.
- There was a system for receiving and acting on safety alerts. Alerts were kept on the service shared drive and shared with clinicians and other staff as appropriate.
- Joint reviews of incidents were carried out with partner organisations and these were carried out in a transparent blame-free environment. We saw positive examples of how incidents had identified systemic issues which had been addressed quickly and effectively. For example, the process for dealing with blood test results.

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. The service encouraged staff to report any incident and made various methods of communication available to staff to support them. Incidents were shared at weekly clinical meetings and were a standing agenda item. Any changes brought about as a result of an event were shared immediately with staff. In the previous year there had been 15 significant events reported and investigated. Whilst events were reviewed at weekly meetings and any learnings identified, there was no

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formal process for an annual review of events in order that trends could potentially be identified. The clinical director told us that an annual review would in future form part of their processes.

- We saw examples of where significant events had led to change, for example the tracking of blood samples had

not always been effective and had led to one such significant event. After investigation and review new processes were introduced and audits of blood samples took place regularly to ensure the new procedure was effective.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

- The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed. Clinicians spoken to during the inspection demonstrated high levels of knowledge around the latest local and national guidelines.
- The provider had developed protocols and procedures for administration processes associated with care and treatment such as cervical cytology. The provider had tested their provision of the cytology service at two locations successfully, before their intended "go live" across all locations in January 2020.
- We were shown data which evidenced high levels of patient use of electronic prescriptions with over 90% of prescriptions being processed by the method, leading to an estimated benefit of using electronic prescription service (EPS) and electronic repeat dispensing (ERD) of £1.1million over the previous 12 months, across Stockport (NHS Business Services figure). We were told this was achieved by extensive training of staff in GP practices, use of practice-based medicines co-ordinators, publishing leaderships boards to show PCN and practice performance, supporting lower performing practices and testing systems to ensure maximum effectiveness.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. If patients needed referral to other services, these were made in a timely way via the patient's own GP.
- Care and treatment were delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, patients could be referred on to other services such as the mental health team or back to their own GP for continuation of care. The patient's own GP was routinely notified following attendance at the extended access service.

- We saw no evidence of discrimination when making care and treatment decisions.
- The provider reviewed clinician prescribing and ensured it met best practice. If any concerns were identified, staff made further enquiries.
- There was a system in place to identify patients with particular needs, for example vulnerable or palliative care patients, and care plans were in place to provide the appropriate support.
- Staff assessed and managed patients' pain where appropriate.
- We were shown data that indicated a 41% reduction in physiotherapy referrals since the introduction of the first contact physiotherapist service provide by Viaduct.

Monitoring care and treatment

- The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, audits were undertaken to check patient consent for being seen by a clinician from the extended hours service for an acute home visit. Data showed that 1,848 patients had been seen under the acute home visiting service since its launch in June 2018. A review of 39 patients in November 2018 revealed not all consent had been obtained from patients or recorded appropriately on patient records. A revision to the call taker's template was undertaken to better capture patient consent. A further audit in April 2019 identified that improvement was not as anticipated and further adjustments to the template and methodology was required. An additional audit was planned to measure improvement.
- Where appropriate clinicians took part in local and national improvement initiatives such as auditing the use of antibiotics. Clinicians were reminded of the guidance for prescribing antibiotics and asked to ensure best practice guidelines for prescribing were easily available for reference.
- The provider held a contract with the local clinical commissioning group (CCG) and was required to report monthly to the CCG on their performance against the contract standards which included appointment utilisation, clinicians seen, types of services provided, patient feedback, staff training and patient non-attendances.
- The provider monitored and reported on the quality of clinician consultations. An audit of patients prescribed

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Amiodarone was conducted from January 2019, this was to check that they were being monitored appropriately. Nine patients were identified as being prescribed the medicine and all were being monitored appropriately, a further audit was planned to ensure compliance.

- The service made improvements using completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, the triage process for the acute home visiting service. There was clear evidence of action to resolve concerns and improve quality.

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 premises details, health and safety arrangements, fire safety, infection prevention and control and personal safety. There was a list of mandatory training to be completed or staff had to supply previous and current evidence of training for subjects including safeguarding training, basic life support, equality and diversity, chaperone, information governance.
- 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. We saw a spreadsheet that detailed all staff training. At the time of our inspection, this showed overall 95% completion of mandatory training. Staff were encouraged and given opportunities to develop.
- Staff were provided with ongoing support. This included one-to-one meetings, quarterly reviews, annual appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw 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.
- The provider supported integrated neighbourhood team meetings monthly, which allowed the service to be discussed regularly. There were weekly meetings for managers, monthly clinical directors' meetings and quarterly audit and bi-monthly quality and governance meetings. Staff reported communications within the service were very good and said they felt well-informed.
- The provider ensured that details of any treatment provided to patients was recorded electronically in the patient's own medical record via the shared electronic medical record software, to ensure continuity of care. Staff told us continuity of care and integration with other services was of paramount importance.
- 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. 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.
- Following a proof of concept pilot, the provider was now working with the local hospital trust, providing a GP each day in accident and emergency (A&E) to assess those frail patients who might not be best placed to be admitted to hospital. Although in its early stages, in the first three weeks of December 2019, GPs saw 31 frail patients who came into A&E, only 6 of these were admitted to the hospital. GPs were able to work with hospital clinical staff to better assess patients' needs and longer-term better outcomes. Some patients not admitted to hospital were either cared for in a community setting with a comprehensive care plan, assessed as needing no further clinical care or referred to another form of care, for example a rehabilitation unit. The provider intends to gather data in the longer term to assess and monitor patient outcomes following these interventions.
- 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

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accessible way. There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required 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 need extra support. There was a single point of access for referrals for patients with social care needs where these could be assessed, and referral made to the most appropriate social care services. Well-being co-ordinators had been trained at each of the 37 practices to provide consistent advice and signposting for patients.
- Where appropriate, staff gave people advice, so they could self-care. Systems were available to facilitate this.

- 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. Staff training in consent issues was part of staff mandatory training. All patients were required to consent to the GP viewing their clinical record and this was recorded.
- 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. Training in equality and diversity was mandatory for staff every two years.
- 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 staff were required to train in the mental capacity act (MCA) and the deprivation of liberty standards (DoLS) every two years.
- All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Some cards mentioned specific staff by name as being professional and caring.

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 on the provider's website and in reception areas

informing patients this service was available.

Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients we spoke with and through comment cards, stated 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.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times. All staff had been trained in information governance and the legislation relating to data protection.
- 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.
- We noted that staff were courteous and spoke in a kindly manner when speaking with patients.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. The organisation provided services across the area of Stockport and ensured the service-delivery sites were situated for the most appropriate patient access geographically. The provider engaged with commissioners to secure improvements to services where these were identified.
- The service had a monitoring system that enabled them to determine which practices were booking in patients to be seen at the service. This allowed the service to ensure that there was a fair distribution of appointments per location and patient list size. There were eight hub sites which offered extended hours weekend services on alternate weekends, four one weekend and four the next. Evening extended hours services were offered at the provider's main site in the centre of Stockport.
- The provider improved services where possible in response to unmet needs. It identified patients whose own GP needed them to have a blood test and took these opportunistically as often patients found it difficult to attend their surgery during normal office hours. There were plans in place to further train healthcare assistants.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. There were alerts on the clinical record system to raise clinician awareness and full access to any care plans in place.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service.
- The service was responsive to the needs of people in vulnerable circumstances. We saw examples of referrals made to safeguarding services and timely communications with the patients' own GP. We were

provided with an example where there was discussion between the clinician involved and the service safeguarding lead to ensure the process was followed appropriately.

- A self-review conducted of the provider's acute home visiting service showed 97% of visits were conducted within four hours of the call with an average waiting time of one hour 25 minutes. The number of these visits had increased from around 150 per month in November 2018 to around 700 in November 2019.

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 extended hours care and treatment at a time to suit them. The service operated from Monday to Friday from 6.30pm to 8pm, on weekends between 9am and 5pm. We were told over 2,500 extended hours appointments were provided each month. The provider had recently introduced weekend home visiting services.
- The provider supported the 37 GP practices in Stockport with first line physiotherapy, well-being and self-care, pharmacy and acute home visiting services during their normal operating hours.
- Patients could access out of hours services via NHS 111 and Mastercall. The service did not see walk-in patients and a policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment, for example patients were told to call NHS 111 or referred onwards if they needed urgent care.
- Staff were trained in emergency criteria and could alert other clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response.
- Waiting times, delays and cancellations were minimal and managed appropriately, mainly due to patients being booked into an allocated appointment with clinician. Staff informed patients about anticipated waiting times if necessary.
- Patient comment cards told us the appointment system was easy to use. Patients praised the service and the staff and said how much they valued it. Some patients we spoke with told us they had previously been unaware of the service until it had been offered to them.

Are services responsive to people's needs?

- We were told by patients that they had been able to access an appointment with Viaduct much quicker than through their own GP.
- Referrals and transfers to other services were undertaken in a timely way. Clinicians recorded referrals for patients at the time of the surgery session and sent the requisite information to the patient's GP for the referral to be completed.

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 the process was easy to follow. There were complaints leaflets available at each site and on the provider's website.
- The complaint policy and procedures were in line with recognised guidance. Five complaints had been received in the last year. We reviewed two complaints and found they had been satisfactorily handled in a timely way. The complaints had been discussed at a governance meeting.
- Issues were investigated across relevant GP practices, and staff were able to feedback to Viaduct directly or via their own practice. When issues were raised related to service procedures, we saw action was taken to address these. We saw that issues were discussed at regular meetings with the clinical directors of each primary care network and fed back to individual practices as required.
- The service learned lessons from individual concerns and complaints and planned to conduct annual analysis of complaints as well as the regular monthly reviews it conducted. It acted as a result to improve the quality of care. For example, when a patient reported they had not received a planned follow-up telephone call following treatment and that treatment had been unsuccessful, the provider conducted a full and comprehensive investigation. Detailed feedback was given to the complainant and the investigation led to several learning points for the clinician concerned and the team overall. Changes of protocol and increased awareness of policies were implemented to improve outcomes for patients.
- Every patient who attended the service was given a patient feedback form. These were collected and reported monthly as part of the service contract with the clinical commissioning group (CCG) and were also discussed at service meetings. We saw results of patient satisfaction recorded from April 2018 that indicated very high levels of patient satisfaction with the service.
- Comments received from patients regarding the well-being and self-care service in November 2019 included: "Brilliant Service" and "Helpful, patient".

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it. The leadership team were a driving force, united in their commitment to deliver safe care and treatment to all their patients.
- Clinical directors from the PCNs were GP partners in local GP practices and represented the seven locality neighbourhoods in the federation. To support the board, there were four independent non-executive directors and a chief executive officer. All leaders had many years of experience of leadership, governance and working in the NHS. The chairperson had recently received a special recognition award for community cohesion and social prescribing at the Greater Manchester primary care awards.
- Leaders 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 on-call system that staff were able to use. Staff told us that they could easily access support for both clinical and non-clinical leaders at any time they needed it.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. There was a clear comprehensive strategic plan which was discussed regularly at governance and board meetings.

Vision and strategy

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

- There was a clear vision and set of values. We were told about the provider's aspiration to have a "Golden Thread" running through the operations, this was to build capability and capacity and to embed the vision and values of Viaduct Care.

- The provider's vision was to be "A pioneering leader in primary care, providing collaborative high-quality health and wellbeing services for the communities we serve."
- The service had a realistic strategy 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. All staff were considered valuable members of the team and those we spoke with were clear on their contribution to providing the best and safest service to patients. Staff were proud of working at Viaduct
- Viaduct values were articulated as: "Collaborative - We believe in strong collaboration that supports an ethos of creativity and innovation in order to deliver efficient, effective and safe services. Ambition - We continue to aspire to be better in all that we do and to be the provider of choice in health and wellbeing services. Respect - Through great leadership we want to ensure that our patients, staff and partners are proud of what we do and regard us in high esteem. Excellence - In order to achieve our vision, we will continually strive for excellence in all areas of our organisation."
- 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. There were regular locality and board meetings to discuss service delivery and identified risks.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values. Communication systems were comprehensive and inclusive.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw examples of apologies offered to patients when mistakes had been made, such as when

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an anticipated and planned phone call from a clinician was not made. 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 these would be addressed. The provider asked all staff to raise any incident as a significant event, however small.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All provider core staff received regular annual appraisals in the last year. There were face-to-face meetings and supervision for clinical staff when appropriate. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff we spoke with told us of instances when they had been supported in difficult times by managers. Managers said they prioritised staff wellbeing. Staff were allowed flexibility in working arrangements and all core administration staff were able to work either on site or remotely when appropriate.
- 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 plans in place to increase the levels of equality and diversity training.
- There were positive relationships between staff and teams. Staff we spoke with told us they worked well as a team and supported each other.

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 had developed a clinical governance framework that incorporated internal and external drivers. For example, internal drivers included significant events, quality audit, patient feedback, risk management, finance and performance. External drivers included national and local guidance and standards, opportunities for development and national legislation.
- Governance was monitored and progressed via a series of scheduled meetings with standing agenda items and comprehensive minutes. These meetings included; Board, audit, shareholder, governance and quality committee and remuneration meetings. These meetings were supported by management meetings which included; executive management team, alliance partners governance, Stockport health partnership board, neighbourhood team and clinical meetings.
- Staff were clear on their roles and accountabilities including safeguarding and infection prevention and control. There were lists of roles and responsibilities for all staff.
- Leaders had established comprehensive policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were stored on the service shared drive and all staff were able to access them at all times.
- In order to maintain and improve high levels of governance the provider had introduced quality champions for each of their identified quality standards; medicines management, medicines equipment, safeguarding, infection control, information governance, leadership, health and safety, case studies, clinical records, quality improvement and supervision. Members of staff at different levels of the organisation were identified to lead and feedback to others for their area of service provision. Regular meetings were held to examine findings and review activity to ensure levels were maintained and improved. Champions would check standards by for example conducting a review of portable appliances to ensure they had been checked by an approved technician within the requisite time period. Other examples included reviewing staff appraisals and one to ones to ensure they were of appropriate quality and completed in a timely manner.

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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 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 management and board level. Performance was shared with staff and the local clinical commissioning group (CCG) as part of contract monitoring arrangements; a regular newsletter was produced and sent to all staff.

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 plans in place and had trained staff for major incidents. There was a business continuity plan available for all staff at all times.

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

The provider had undertaken a confidentiality audit in June 2019 to review and assess its ability to maintain data security to a high level. A post risk and mitigation assessment were undertaken, and any issues identified were reviewed and changes implemented, or other mitigation introduced. For example, some staff members were unsure how to report a data security breach, as a result, further training was to be delivered and a re-enforcement of the policy was conducted.

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 and staff.
- 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. Performance data informed the selection of clinical audit topics and quality improvement work.
- The service used information technology systems to monitor and improve the quality of care. Online communication systems were used to good effect with the ability to instantly report concerns or offer support.
- The service submitted data or notifications to external organisations as required.
- There were sound arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Leaders had recognised the value of benchmarking to establish accurate data around improvements. Some of the improvements and patient outcomes were somewhat anecdotal in how effective they had been. For example, we were shown that medication reviews conducted by the pharmacy team had greatly reduced the burden on practice GPs, however it was difficult to establish how patient outcomes had improved as a result of this, other than feedback from GPs to say it had given them more time to dedicate to more complex patient needs.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback. They had been consulted formally using a staff survey and were able to comment at any time on the online instant communication system "Teamnet".

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There were comprehensive telephone contact lists for staff in place. We saw evidence of the most recent staff survey in May 2019 which showed there had been a 77% response rate with 36 of the 38 key indicators providing positive feedback.

- The service was transparent, collaborative and open with stakeholders about performance. There were regular locality meetings with clinical directors and meetings with the CCG.
- There was a staff well-being portal available via the provider's computer systems so that staff members could seek advice, guidance and access additional support.
- The provider maintained high levels of engagement with partners, including meetings with: Healthwatch, the CCG, Stockport neighbourhood care, the urgent care delivery board, the mental health board, the frailty board, Greater Manchester health and social care partnership, Stockport NHS trust, NHS England and its PCNs.
- The provider used a data management dashboard called "Tableau" to display its performance over all its areas of service.
- Prior to the CQC inspection all staff were encouraged and had engaged in providing detailed and written feedback regarding how they met the key lines of enquiry (KLOEs) on which the inspection methodology was based. We noted that there was a high level of staff understanding and engagement with this process and it had given leaders the opportunity to reflect and learn.

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. The provider had identified that separate data sharing agreements were necessary with all 37 practices and had worked hard to complete these in a short as space as time as possible to ensure compliance with data legislation.
- The provider was working to improve the consistency and appropriateness of its triage process for acute home visits. Audits and reviews were underway to ensure patients received a consistent and effective service.
- The provider was always seeking to introduce new services for all patients, for example ear irrigation, phlebotomy and wound care.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of reviews of incidents and complaints. Learning was shared and used to make improvements. There were regular, structured quality improvement and governance meetings that were used to identify risks and shape services.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Whilst the service was relatively new it was already performing at a high level in many areas. Leaders recognised that there was still work to do and strived for continuous improvement. Areas identified for additional focus included: audit, increased use of "teamnet" and equality delivery system 2 (EDS2). EDS is a toolkit which has been designed to help NHS organisations in assessing and grading their equality performance each year.
- The provider had identified that communication with the district nursing team was not effective, meetings were arranged so that interdependencies could be discussed, and a plan formulated to improve how the two services interacted and provided care to patients.
- There were systems to support improvement and innovation work. Staff were encouraged to participate in service development whenever possible; the provider was open to suggestions for improvement.
- The provider had worked over the year, since the implementation of the service, to integrate with the GP practices it served. The service met regularly with GP practice staff, clinicians and clinical directors to develop effective communication systems to ensure an integrated service for patients.