

Lymington Urgent Treatment Centre

Inspection report

Lymington New Forest Hospital
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Lymington
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Good overall.

This was our first inspection of this service.

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 Lymington Urgent Treatment Centre on 11 October 2021, as part of our inspection programme.

At this inspection we found:

- The service had good 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.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff had the skills, knowledge and experience to carry out their roles and were provided with training to meet patients' needs.
- There were arrangements for planning and monitoring the number and mix of staff needed. The rotas were managed to ensure staff did not work too many hours. Capacity and demand was worked out several weeks in advance to ensure appropriate staffing levels.
- 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw areas of outstanding practice:

- The provider had developed unique clinical pathways based on patient presentations at the service. These were developed in response to a specific need and followed detailed research. Examples of these included electrical injury pathway and a rape and sexual assault standard operating procedure ensuring patients with urgent and high risk needs could be referred to the right service quickly.
- Working collaboratively with other stakeholders, the provider had installed a 'hot hub' in the car park. A 'hot hub' is a place where patients with COVID-19 symptoms can be seen face to face. The project had considered infrastructure and utilities already in place and had been set up within two weeks of decision making. Patients can only access the 'hot hub' if they are booked in by a clinician. The 'hot hub' had been a success and was fully booked every day it was open (six days a week).
- Two members of staff (including the registered manager) were trained in the Esther model of care. The aim of the model is to create patient centred care, through patient feedback. The provider held regular virtual Esther cafes with

Overall summary

patients to obtain feedback. As a result of patient feedback through the Esther café, the point of entry traffic light system was set up which informed patients when it was safe to enter. Following feedback from patients, it was decided to increase the triage waiting chairs from three to six and allow three people to queue inside the waiting room whilst waiting to book in.

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 two CQC Inspectors and a GP specialist adviser.

Background to Lymington Urgent Treatment Centre

Lymington Urgent Treatment Centre is a registered location of Partnering Health Limited (PHL) and is currently registered with the Care Quality Commission (CQC) to provide the following regulated activities:

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

These regulated activities are provided at:

Lymington and New Forest Hospital

Wellworthy Road

Lymington

SO41 8QD

Lymington Urgent Treatment Centre is a walk-in service for minor illness and minor injuries. The service is provided seven days a week between 8am and 9pm by doctors, nurses, paramedics and healthcare assistants.

The service is also responsible for providing an extended hours GP service at Ringwood Health Centre and an extended hours service at Lymington and New Forest Hospital. The provider refers to these services as Appointments+. Patients can access Appointments+ either by making an appointment through their own GP or by calling NHS 111 and being assessed by the integrated urgent care (IUC) clinical assessment service (CAS) as suitable for an appointment, which will be booked in for them.

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 Control of Substances Hazardous to Health (COSHH) 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. Lead clinicians gave examples of this, such as working with a rape support service and writing statements for use in court cases. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Clinical staff told us they were required to consider safeguarding for every patient they treated. If they considered there to be a safeguarding risk, they completed a form which was sent to social services.
- 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).
- Safeguarding training was closely monitored with a target of 95% of staff having completed their safeguarding training. Records we reviewed showed that 99% of clinical staff and 100% of administrative staff had completed this training. Staff completed different levels of training depending on their role. All staff were required to complete level one and level two. In addition, clinicians were required to complete level three. Designated safeguarding leads and named individuals completed levels four and five safeguarding training.
- Reception staff who acted as chaperones were trained for the role and had received a DBS check. We saw signs on treatment room doors advising patients they could request a chaperone.
- There was an effective system to manage infection prevention and control (IPC). We reviewed IPC audits which demonstrated that the provider took IPC seriously and made thorough checks. An audit dated July 2021 showed 96.38% compliance with IPC standards. There was an action plan in place to address any areas identified as needing improvement. We also reviewed an audit in relation to sharps handling and disposal which showed that the requirements in relation to sharps handling had been fully met.
- The provider had taken steps to mitigate the risk of COVID-19. These included clinical staff wearing full personal protective equipment (PPE). The use of PPE by staff was audited by management to ensure staff were complying with policy. Green (vulnerable and shielding patients), amber and red (paediatric patients) zones had been set up within the unit with separate clinical teams. A traffic light system was in place at reception advising patients not to enter unless a green light showed. Patients were triaged within 15 minutes and assessed whether they were suitable to wait in their car.
- There was an enhanced cleaning contract in place which meant that hospital cleaners made twice daily cleaning tours, cleaning all touch points. A deep clean could be requested at any time. During our inspection we found the area and equipment to be visually clean.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw evidence of portable appliance (PAT) and fire equipment testing. There were systems for safely managing healthcare waste and a waste management audit had been completed.

Risks to patients

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

Are services safe?

- Shortages of clinical staff is a national issue and the provider had placed this risk on their risk register. The provider was focussed on recruitment, trying to recruit more clinical practitioners due to the shortage of GPs. This was also in line with higher demand for minor injury over minor illness.
- There were arrangements for planning and monitoring the number and mix of staff needed. The rotas were managed to ensure staff did not work too many hours. Capacity and demand was worked out several weeks in advance to ensure appropriate staffing levels.
- There was an effective system in place for dealing with surges in demand. There was an escalation policy in place to meet surges in demand or staff sickness and staff reported this worked well. A social media group had been set up to speed communication between staff. The treatment centre, which was part of Lymington New Forest Hospital, were able to refer to the hospital medical ward for support, advice or admission.
- There was an effective induction system for temporary staff tailored to their role. Medical staff spent formal time with clinicians before starting their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Patients were prioritised appropriately for care and treatment in line with available guidance and in accordance with their clinical need. Systems were in place to manage patients who experienced long waits. If the wait time was too long or patients arrived near to closing time and there was already a long wait, they were referred to other nearby services, or asked to return the next day.
- 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 provider used a clinical system called Adastra. The Adastra system linked with other systems used by the provider such as NHS 111 and the clinical assessment service (CAS) supporting an integrated system for patients. This meant patients did not need to repeat the same information multiple times.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The Adastra system uploaded a note to the patient's GP practice following a consultation with them.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Clinicians were able to access information, such as patients identified as vulnerable, through the summary care record.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use.
- During our inspection we found there had been an incident where a refrigerator used for medicine storage was recorded as having temperatures outside recommended ranges for safe use. We saw evidence that the incident had been investigated appropriately and a cold chain (a process for ensuring medicines are maintained at a correct temperature range) analysis completed. All medicines stored in the fridge were disposed of. A new fridge was ordered as a replacement. This showed the provider knew how to take action to ensure medicines were stored at the right temperature to keep them safe for patient use.

Are services safe?

- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. We reviewed prescribing audits regarding treatments for cough, sore throat and otitis media (ear infection). We found these helped to support appropriate decision making around antimicrobial prescribing.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Controlled drugs, including opioids were held on the premises. We found naloxone was stored in an emergency drugs bag. The provider told us they had naloxone on order, so they had a separate store. Opioids are pain relieving medicines which can be open to abuse. Naloxone is a medicine which rapidly reverses and opioid overdose.

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.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. We saw evidence of 34 incidents reported in the last 12 months. These included incidents of patient aggression. Incidents were investigated and reviewed by the governance team and reported into the monthly provider level governance board. Daily safety huddles were held which meant incidents were shared with staff and any remedial action could be taken quickly. Incidents were also discussed with staff in their clinical supervision sessions, for example, a GP undertook X-ray radiology training as a result of an incident. Duty of candour letters were written to patients where appropriate. Duty of candour is a professional responsibility to be honest with patients when things go wrong.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- There was evidence the provider identified themes and learned from incidents, sharing learning effectively with staff through safety huddles, meetings, learning sessions, newsletters, emails and supervision. Following two incidents where patients presented with suspected deep vein thrombosis (DVT), the DVT care pathway was amended and shared with staff.

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. When there were updates to NICE guidelines, these were incorporated into care pathways. For example, the deep vein thrombosis (DVT) pathway had recently been changed.
- There were specific pathways in place to support vulnerable patient groups, for example, patients with mental health needs.
- The provider was able to evidence that care pathways and protocols were followed through the use of audits. In addition, some evening virtual meetings had been set up for clinical discussion to share issues and learning points.
- There was a performance target to initially assess 95% of patients within 15 minutes of arrival and to clinically assess 95% of patients within two hours of arrival. We saw evidence that demonstrated this target had mostly been met, despite the urgent treatment centre treating over 21,000 patients in the last year, which is above the commissioned number.
- Patients' needs were fully assessed. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The service used key performance indicators to monitor and improve performance. These were a mix of their own and a national accident and emergency (A & E) targets. These were measured on a monthly basis. The targets were 95% of patients should receive an initial assessment within 15 minutes, 95% of patients should receive a clinical assessment within two hours and 95% of patients should be treated and discharged within four hours (the national A & E target). The service shared with us the performance data from August 2020 to August 2021:
 - Initial assessment within 15 minutes. This internal target was met or exceeded for eight out of twelve months. For the four months the target was missed, the target was only slightly missed (between 89% and 94%) Over the year more than 21,000 were treated but this was not spread evenly over the year. Between February 2021 and August 2021, the number of patients attending the walk-in centre on a monthly basis increased by 202%. This explains why the target was slightly missed.
 - Clinical assessment within two hours. This target was met consistently for each of the last twelve months.
 - Treatment and discharge within four hours. This target was met or exceeded for ten out of twelve months. The two months which were missed (94% and 93% respectively) were June and July 2021 where patient numbers had increased by over 200%. The urgent treatment centre is located in Lymington, the heart of the New Forest, where holiday makers contributed to the big rise in patients.

Are services effective?

- Despite treating escalating numbers of patients, over and above those commissioned, the service was providing effective care in a rapidly changing healthcare environment with increasing demand.
- The service made improvements through the use of completed audits. 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. We saw action plans in place as a result of the audits. We reviewed evidence of a radiology audit which had completed two cycles and demonstrated appropriate decision making in relation to whether a patient required an X-ray. Clinicians were audited in relation to their clinical documentation and supported to make improvements where necessary.
- The service was actively involved in quality improvement activity. For example, we saw evidence that the clinical management were developing individual care pathways such as a pathway for electrical injury. Following their experience of delivering care in the unit, this had been suggested by staff.
- In December 2020, the provider was able to set up a hot hub portacabin in the car park to meet patient need. This was for patients displaying COVID-19 symptoms who needed GP consultation. This was done through collaborative working with Lymington New Forest Hospital, in an unconventional way within two weeks. There has been 98% utilisation of this service.

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 was appropriately tailored to the role of the staff member recruited.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop, for example, lunch and learn sessions. Training was built around the needs of staff and patient presentations.
- The clinical manager arranged training appropriate to staff need, for example, he had provided an electrocardiogram (ECG) training course for all members of the team and training regarding supporting an unwell patient for reception staff.
- Staff were provided with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring and clinical supervision. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making and prescribing. All staff were offered three clinical supervisions during the year which resulted in team and individual objectives being set.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. There was a clinical decision-making group which reviewed clinicians when there was concern raised about their work. The group worked where possible to support clinicians to improve.

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. This included when they moved between services, when they were referred, or after they were discharged from hospital. Patients' own GPs were automatically sent summary reports through the Adastra system. The service was not able to refer patients who were required to be seen on a two week wait. S system was in place to contact practices specifically to ensure these referrals were made by the patient's own GP where necessary and were monitored to make sure they were completed.

Are services effective?

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. We were told by clinicians that they referred to other specialist services for advice where necessary, for example, when an elderly patient had had a fall. We were also told that a learning disability (LD) nurse had reviewed the service from an LD point of view. Referrals were made, where appropriate, to social services, district nurses or the Red Cross. Staff told us they had good links with the paediatric team at a local NHS hospital trust.
- 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 was in the process of introducing information sharing forms, for example, a 'cause for concern' form which may be completed and shared if they found a child needed additional support but did not meet the safeguarding bar, for example, childhood obesity. This was a joint project with UHS.
- The provider had worked closely with Lymington and New Forest Hospital to develop the hot hub.

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 those who had mental health needs.
- We saw that staff had a good understanding of respecting and accommodating patient needs.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language.
- Patients we spoke with told us 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 respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions.
- The service monitored the process for seeking consent appropriately.
- Changes had been made to the area behind reception to give greater privacy and confidentiality to 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 service was provided to meet the urgent care needs of the population. It was open seven days a week from 8am until 9pm.
- The service was developed from a minor injuries unit to a UTC. In response more GPs were recruited to support diagnosis and treatment of illnesses and other staff were upskilled, for example, by going on prescribing courses.
- The service was responding to the changing need of the population by adjusting staffing mix and numbers. For example, the service was increasing the proportion of clinical practitioners to meet patient need.
- The provider recognised where there were gaps in the system and took action in response. Examples included providing a hot hub and developing new care pathways. The hot hub provided care and treatment to patients, with symptoms of COVID-19, six days a week and was run by one GP and one receptionist.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service.
- The facilities and premises were appropriate for the services delivered. Patients were able to easily physically access the service as it was all on the ground floor and there were toilet facilities for disabled patients.
- Two members of staff were trained in the Esther model of care. The aim of the model is to create patient centred care, through patient feedback. Patients were asked upon arrival if they would like to be part of the Esther café.
- The provider was responsive to patient needs, for example, by carefully monitoring, how long vulnerable patients waited in their cars. A hearing loop was available for patients who needed support with hearing.

Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The service operated seven days a week from 8am to 9pm.
- Patients could access the service either as a walk in-patient or via the NHS 111 service. Patients did not need to book an appointment.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service engaged with people who are 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.
- Referrals and transfers to other services were undertaken in a timely way.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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.

Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available and we found the process was clear and easy to follow. Staff treated patients who made complaints compassionately. The staff member responsible for the investigation of complaints told us, they always tried to phone complainants and meet with them if they chose to.
- The complaint policy and procedures were in line with recognised guidance. Nineteen complaints were received in the last year. We reviewed 19 complaints and found that they were satisfactorily handled in a timely way.
- Patients were given feedback forms with prepaid postage in order to feedback to the service about their care. We saw examples of these in the monthly governance report.
- 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 also from analysis of trends. It acted as a result to improve the quality of care. As a result of patient complaints, we saw that all staff had received training on foot and ankle assessments and a standard operating procedure had been developed, in conjunction with a local sexual assault referral centre, for rape referral process. We saw evidence that clinical staff reflected on their clinical practice where appropriate.

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.
- 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 on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- There was no limit to the number of patients who could be referred to the UTC, although long wait times were notified to NHS 111 so that patient flow could be modified. The service delivered over and above commissioned expected numbers of patients. Leaders were aware of the need to change staffing roles to meet patient need and this was being addressed.

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. The service had a realistic strategy and supporting business plans to achieve priorities. We saw the provider's values on display on a noticeboard for staff and patients to see.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

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. 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.
- There were processes for providing all staff with the development they needed. Training was provided in response to learning outcomes from patient care needs and by listening to staff. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

Are services well-led?

- 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 were never working alone and tended to approach cars (where patients were waiting for treatment) together at night. The car park was well lit, and staff were able to call for assistance from hospital porters if they had any concerns.
- 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 we spoke with felt they were treated equally.
- There were positive relationships between staff and teams. Staff gave positive feedback about management and talked about a 'family feel' to the team. One member of staff we spoke with told us they had received support to gain an additional qualification in minor illnesses even though they were only bank staff at the time. Staff told us there was a no blame culture.

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 clinical manager for the UTC was required to complete a monthly report which was then reported through the integrated governance framework of PHL. The detailed report included:
 - Performance
 - Safety alerts and actions
 - Audits
 - Risk management
 - Serious incidents
 - Infection prevention and control
 - Safeguarding
 - Shared learning
 - Patient feedback
 - Staff survey
 - End to end patient reviews
- Areas of outstanding practice, such as a patient presenting with a dislocated shoulder, when staff followed a new shoulder dislocation pathway.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Standard job descriptions had been created.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address 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

Are services well-led?

had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents. Staff had access to the resuscitation team within Lymington and New Forest Hospital as back up.
- 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.
- 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.
- 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

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

- 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. We saw evidence of the most recent staff survey.
- The service was transparent, collaborative and open with stakeholders about performance.
- In association with New Forest Community Engagement group, the provider held regular virtual Esther cafes. The Esther café was established to focus on patient feedback and ensure the provider was 'doing the right thing' for patients. Patients who had made a complaint, a compliment or had asked a question about the service gave feedback to improve patient experience. As a result of patient feedback through the Esther café, the point of entry traffic light system was set up which informed patients when it was safe to enter. The provider wanted to reach out to all ages in the community through the Esther Café and had invited a variety of families and patients to the next Esther Café on 11 November 2021.
- The provider attended regular virtual meetings with the New Forest Community Engagement group which consisted of representatives from patient participation groups (PPGs) from local GP practices and representatives from West Hampshire Clinical Commissioning Group (CCG), a local carers charity and Lymington Urgent Treatment Centre (UTC). Feedback from the Chair was extremely positive reporting good communication with the community and other community stakeholders, being very responsive to queries or concerns and having a 'wonderful can-do attitude.' The UTC was highly valued in the local area by stakeholders and patients.
- The provider had engaged with a learning disability (LD) nurse to develop appropriate signage for the UTC, using numbers and colours. They planned to develop appropriate pictorial signs to put on doors to assist patients.

Are services well-led?

- The registered manager told us that survey monkey was used to test staff understanding of various issues, such as where to find policies. As a result, the provider had made it clearer where the muster point for fire safety was. Survey monkey is a tool which helps the user develop quick and easy online surveys.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. For example, 'lunch and learn' sessions had been established for staff to learn from each other and to from external specialists. A member of staff trained in taking photographs of injuries had led a session. A weekly newsletter had also been developed to share information, this included information available from 'lunch and learn' sessions. Training in dementia and learning disabilities awareness had been included as topics which staff had learnt from.
- The provider was keen to ensure that UTC was accessible to all including children and patients with learning disabilities. They were developing a service user group whose members will be involved in the development of processes to ensure effective communication and to ensure the environment is friendly to all users of 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. There were systems to support improvement and innovation work.