

# Coventry and Rugby Out of Hours Service

## Inspection report

City of Coventry NHS Healthcare Centre  
Stoney Stanton Road  
Coventry  
CV1 4FS  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

# Overall summary

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

We carried out an announced, comprehensive inspection at Coventry and Rugby Out of Hours Service on 27 January 2020 (Coventry site) and 30 January 2020 (Rugby site). This inspection was completed as part of our inspection programme, following the service registering to provide regulated services in 2018.

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 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.

**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 also included a GP specialist advisor.

## Background to Coventry and Rugby Out of Hours Service

Care UK was founded in 1982, and the company is a large UK based independent provider of health and social care.

Coventry and Rugby Out of Hours Service is the registered location for services provided by Care UK (Urgent Care) Limited. It provides out of hours (OOH) primary medical services to patients in Coventry, Rugby and surrounding areas in the counties of Warwickshire and the West Midlands.

The population of this area is approximately 490,000. There are areas of high deprivation and life expectancy is lower for males and females compared with the England average. 76% of the population are from a white background, 16% of patients are from an Asian background, and the remaining 8% of the population originates from black, mixed or other ethnic groups.

The service is contracted by the Coventry and Rugby Clinical Commissioning Group (CCG) to provide OOH primary medical services to those requiring immediate and necessary treatment when GP practices are closed. This includes overnight, and during weekends and bank holidays.

Patients access the service through the NHS 111 telephone service. Depending on their needs patients may be seen by a clinician at one of the two primary care centres, receive a telephone consultation, or receive a home visit.

The service employs a range of staff including male and female GPs, nurses, management and governance staff, administrators, drivers, and reception staff.

OOH services are provided at two operational sites:

- City of Coventry Health Centre, Stoney Stanton Road, Coventry CV1 4FS (services provided 6.30pm to 8am weekdays; 24 hours at weekends and bank holidays).
- Hospital of St Cross, Barby Road, Rugby CV22 5PX (services provided 6.30pm to 11pm weekdays, 24 hours at weekends and bank holidays).

Both operational sites are well served by local bus networks and there is accessible parking. The sites and facilities are accessible to wheelchair users.

We visited both operational sites as part of this inspection.

The service's headquarters and administrative offices are located at George Eliot Hospital, College Street, Nuneaton, Warwickshire CV10 7DJ. No OOH services are delivered to patients by the provider this site.

The provider is registered with CQC to deliver the following regulated activities:

- Transport services, triage and medical advice provided remotely.
- Treatment of disease, disorder or injury.

Care UK (Urgent Care) Limited has other locations registered with CQC including additional OOH services, walk-in centres and NHS 111 telephone-based services.

# 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 service had suitable policies, operating procedures, risk assessments, and accompanying documents (for example action plans and checklists) for managing safety. This included documents relating to health and safety and Control Of Substances Hazardous to Health (COSHH). Documents were subject to appropriate reviews, updates, version control, oversight, and governance. All documents were accessible to all staff through the service's internal computer system.
- The service had an allocated health and safety lead.
- Staff received safety information as part of their initial and ongoing training and development. Staff were informed of where to obtain further guidance when needed.
- The service had suitable systems to safeguard children and vulnerable adults from abuse. This included appropriate local operating procedures for children and vulnerable adults. The service carried out quarterly audits of safeguarding where all safeguarding cases were reviewed by senior staff with responsibility for quality and safety. Safeguarding was routinely discussed with the Clinical Commissioning Group (CCG) as part of quarterly meetings. The service had an allocated safeguarding lead.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The service engaged with relevant local partners and stakeholders. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff 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). Staff who acted as chaperones were suitably trained for the role and had received DBS checks.

- All staff received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with could describe how to appropriately identify, respond to, and report concerns. The service was able to oversee staff training by carrying out weekly audits into access to policies and training completion.
- The service used a comprehensive, integrated approach to manage infection prevention and control, facilities, equipment, and waste. This included managing hazards, risks and actions, and identifying who was responsible for these. Service staff were able to identify specific areas for improvement and recognise trends.
- The service had an allocated infection control lead.

## 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. This included identifying and responding to increases in service demand, which was achieved through ongoing analysis of demand and capacity. Service staff reviewed data to identify trajectories in future demand and workload, and liaised with recruitment personnel to manage staff levels.
- Some staff were trained in multiple roles to support workload needs, for example some drivers were also trained and could function as reception staff.
- There was a suitable and effective system for providing appropriate inductions for temporary staff.
- The service had a local operating procedure for managing emergencies. Staff we spoke with demonstrated that they 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 accordance with their clinical need. There were suitable systems to manage people who may experience long waits.
- 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

# 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 helped to keep patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available and accessible to staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines minimised risks to patients and others. This included medical gases, emergency medicines and equipment, vaccines, and controlled drugs.
- There were appropriate processes for checking medicines and recording the results of these checks.
- The service kept prescription stationery securely and monitored its use.
- There were suitable arrangements to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately. This was checked and compliance was recorded by service staff.
- Regular prescribing audits were carried out by a pharmacist employed by Care UK (Urgent Care) Limited. This included reviewing individual clinician prescribing and consideration of appropriate antimicrobial stewardship. (Antimicrobial stewardship is evidence-based recommendations relating to safe, effective and appropriate use of antimicrobial medicines, including antibiotics, to treat infections.)
- Staff prescribed, administered or supplied medicines to patients and gave advice in line with legal requirements and current national guidance.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

## Track record on safety

The service had a good safety record.

- The service used a comprehensive, integrated system to oversee, manage and respond to risk assessments relating to safety. This enabled the service to monitor progress against identified actions.
- The service monitored and reviewed operational activity. Service staff were able to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The service had an appropriate system for receiving, communicating, responding to, acting upon and recording safety alerts. This included alerts relating to medicines, equipment, and external factors. For example, at the time of the inspection the service had received information relating to the coronavirus (COVID-19) which had originated in China, and had appropriately shared information with staff.
- Joint reviews of incidents were carried out with partner organisations where this was judged to be appropriate and necessary. This included local accident and emergency departments, the NHS 111 service and other parts of the Care UK organisation.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a suitable system for recording and acting on significant events and incidents. Staff we spoke with demonstrated they understood their duty to raise concerns and report significant events and incidents, including near misses.
- We saw evidence that staff were appropriately supported by managers when reporting and acting on incidents.
- Staff were able to report significant events and incidents by accessing a reporting form on the service's internal computer system. Once initiated, the incident reporting form became a live document which could be updated and shared in real time. Staff were able to allocate categories to incidents, including incident type and whether related to safeguarding concerns. Information was shared automatically with managers and other senior staff, who could allocate a status to the incident, for example awaiting review or approved.
- Service staff were able to review trends relating to incidents and significant events at a local, regional and national level.

## Are services safe?

- We saw evidence that incidents and significant events were discussed in service meetings. This included at a local and wider organisational level.
- There were appropriate processes for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, on one occasion in December 2019 a room containing medicines was left insecure for a brief period of time before being discovered by staff. The service reviewed processes and identified improvements to working practices, which were then shared with all staff. Learning was also shared within the wider organisation to promote best practice.
- The service shared findings and carried out reviews with other organisations, including the NHS 111 service and CCG.

# Are services effective?

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

## Effective needs assessment, care and treatment

The service 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 service monitored that these guidelines were appropriately accessed and followed.
- Telephone assessments were carried out using a defined operating model. Staff were aware of this operating model which included use of a structured assessment tool.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Clinical assessments were carried out using structured assessment tools. This included the National Early Warning Score (NEWS2) approach to identify those who were at risk of developing sepsis.
- Care and treatment was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. This included following individual end of life care pathways.
- We saw no evidence of discrimination when making care and treatment decisions.
- There were arrangements to support people who contacted the service frequently. The service liaised with the NHS 111 service and the patients' own GP practice to review care provided for patients. Information was added to the special notes section of the service's computer system to promote coordinated care and to ensure that all staff had up to date information.
- The service was able to identify and respond to patients with specific needs. For example, there were protocols to provide suitable support for palliative care patients.

- There were clear referral processes for when staff were not able to make a direct appointment on behalf of the patient. These were agreed with senior staff and a clear explanation was given to the patient or person calling on their behalf.
- 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. For example, the service carried out audits to review each prescriber's compliance with local antibiotic prescribing guidelines. Staff took part in improvement initiatives. For example, the service engaged with community services, urgent care centres and GP practices locally to share information, attend joint training sessions, and promote best practice.

- Since 1 January 2005, all providers of out-of-hours services have been required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their local Clinical Commissioning Group (CCG) on their performance against these standards. This includes audits completed; response times to phone calls; whether telephone and face to face assessments happened within the required timescales; obtaining patient feedback; and actions taken to improve quality.
- The service provided NQR compliance data from December 2018 to December 2019. This was the most up-to-date information available at the time of the inspection. The service was working to 95% compliance across each indicator as a target. Overall, the service was meeting its targets, and had achieved 100% compliance across the majority of indicators for each of the 12 months we reviewed. For example, this included:
  - Reporting on NQRs to the CCG.
  - Clinical audits, reviewing patient experiences and complaint handling.
  - Percentage of calls triaged within six hours.
  - Percentage of applicable 'walk-in' patients passed to the 999 service within three minutes.
  - Percentage of emergencies consulted within one hour.



# Are services effective?

- Percentage of home visit emergency cases visited within one hour.
- There were some examples of where the service achieved slightly below the 95% target for certain indicators. This included:
  - The percentage of urgent calls triaged within 30 minutes ranged from 80% to 95% over the last 12 months. The average achievement for this indicator over the last 12 months was 89%.
  - The percentage of patients classed as urgent who were consulted within two hours ranged from 91% to 98% over the last 12 months. The average achievement for this indicator over the last 12 months was 94%.
  - The percentage of patients classed as routine who were visited at home within six hours ranged from 86% to 97% over the last 12 months. The average achievement for this indicator over the last 12 months was 93%.
- The service was aware of areas where targets had not been met and had taken action to improve them. The service carried out detailed analysis of performance and used findings to direct activity, for example allocation of staff.
- 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. For example, the service had carried out a repeat-cycle audit into their treatment of urinary tract infections (UTIs) in accordance with NICE and local antibiotic guidance. This was undertaken between 2017 and 2019 and specified a range of recommendations to improve patient care.
- The service was actively and routinely involved in additional ongoing quality improvement activity. This included reviews of information and data including complaints, patient feedback, staff compliance with training requirements, staff feedback, medicines management and prescribing requirements, audits of consultations, and audits relating to infection prevention and control. Each of these were subject to a timetabled programme of activities and reporting.
- All staff were appropriately qualified. The service had an induction programme for all newly appointed staff. This included safeguarding, infection control, life support, and managing emergencies.
- The service ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The service understood the learning needs of staff, and provided protected time and training sessions to help meet these. We saw that up to date and accurate records of skills, qualifications and training were maintained. Staff were encouraged and provided with suitable opportunities to develop.
- The service operated an electronic system where all staff could access their training record and identify what training they needed. Managers could use this system to support analysis of staff training needs and completion.
- The service provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The service could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- We saw that there was a clear approach for supporting and managing staff when their performance did not consistently meet the required standards.

## 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. Care and treatment for patients in vulnerable circumstances was coordinated with other services. We saw evidence that staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. Staff referred patients back to their own GP to ensure continuity of care where needed. There were established pathways for staff to follow to

## Effective staffing

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



## Are services effective?

ensure patients were referred to other services for support as required. The service worked with patients to develop personal care plans that were shared with relevant agencies.

- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service had formalised arrangements with the NHS 111 service, including specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' GPs.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that needed them. Staff were able to make direct referrals and appointments for patients with other services.

### Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support. This included advising patients in relation to carer's groups and resources, palliative care, and community nursing.
- Staff provided patients with advice so they could self-care where this was appropriate. There were printed information resources available for patients, for example relating to treating infections.
- Any risk factors that were identified were highlighted to patients and their care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the most appropriate services for their needs.

### Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians and other staff 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. Decisions were appropriately documented.
- The service monitored the process for seeking consent appropriately through audits.

# 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. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- Receptionists and drivers carried out 'comfort calls' to check patients' conditions and to inform them how long it would be before they would receive a home visit or telephone consultation.
- We received a total of 44 Care Quality Commission comments cards. 24 of these cards related to the Coventry site, and 20 cards related to the Rugby site. All but one of these cards were positive about the service experienced. One card provided negative feedback relating too long waits at the Coventry site.
- The service had received and analysed patient feedback. This feedback indicated that the majority of patients were satisfied with the service provided. For example, between December 2018 and December 2019 97% of patients said they would recommend the service (489 responses). Less than 1% of patients said they would not recommend the service, with 2% providing a neutral response.

## 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 (this is a requirement to make sure that patients and their carers can access and understand the information they are given).

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were informed about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patient comments cards indicated 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.
- Carers or social workers were appropriately involved for patients with learning disabilities or complex social needs.
- Staff communicated with people in a way that they could understand. Communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff always respected patient confidentiality. We saw that staff had received appropriate information governance training.
- Private rooms were available at both operational sites for patients to use if needed.
- Staff we spoke with 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 decide.
- The service monitored the process for appropriately seeking consent.
- The service offered chaperones and had a policy to support this provision. All chaperones were suitably trained.

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

- The service understood the needs of its population and tailored services in response to those needs. For example, the service engaged and worked closely with local community-based Rapid Response teams to optimise care and use resources effectively.
- The service engaged with commissioners to secure improvements to services where needs were identified. For example, the service engaged with the Clinical Commissioning Group (CCG) to provide additional resources to support increased demand at key times.
- The service had a system to alert staff to any specific safety or clinical needs of a person using the service. Staff had access to 'special notes', which were additional notes about the patients' health, social circumstances, medical history, and medicines use. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. People with hidden conditions such as autism, dementia or anxiety could request special 'sunflower lanyards', which supported the discreet identification of those who may have hidden additional needs.
- Where possible, the service prioritised patients who experienced difficulties in waiting room environments.

## 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 times were:
  - - Coventry: 6.30pm to 8am weekdays; 24 hours at weekends and bank holidays.
    - Rugby: 6.30pm to 11pm weekdays, 24 hours at weekends and bank holidays.

- Patients could access the service via the NHS 111 service.
- The service did not see walk-in patients. A 'walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment. Patients were advised to call NHS 111 or were referred onwards if they needed urgent care. Staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- Patients were allocated an appointment. There was a system to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The receptionists informed patients about anticipated waiting times.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. We reviewed the most recent performance results for the service (December 2018 to December 2019) which showed the service was meeting almost all timeliness indicators. For example:
  - - The percentage of routine calls triaged within two hours over the last 12 months was 95%.
    - The percentage of routine calls consulted within six hours over the last 12 months was 98%.
    - The percentage of emergency cases consulted within one hour over the last 12 months was 100%.
    - The percentage of routine cases visited within six hours over the last 12 months was 95%.
- There were some areas where the service was outside of the target range for an indicator. In each of these cases there was evidence of improvements when comparing more recent data, including monthly data and when comparing the most recent 12 months with previous years.
  - The percentage of urgent calls triaged within 30 minutes over the last 12 months was 89%.
  - The percentage of patients classed as urgent who were consulted within two hours over the last 12 months was 94%.
  - The percentage of patients classed as routine who were visited at home within six hours over the last 12 months was 93%.

# Are services responsive to people's needs?

- Where the service was not meeting targets, we saw evidence that attempts were being made to address them. The service reviewed data and used information to inform staffing levels and ways of working.
- The service held regular performance meetings, both internally with the local CCG. We saw evidence that performance against targets was discussed, with improvement actions identified and implemented.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients could be transferred to another site with better capacity if required. Where people were waiting a long time for an assessment or treatment there were arrangements to manage the waiting list and to support people while they waited.
- Patients with the most urgent needs had their care and treatment prioritised. Staff were able to describe processes where they could recognise and respond to emergencies, for example suspected cases of sepsis.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Patient feedback described the appointment system as being easy to use.
- Referrals and transfers to other services were undertaken in a timely way. There were standard operating procedures to support efficient and timely patient pathways between services.
- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The service's complaint policy and procedures were in line with current recognised guidance. The service had received 20 complaints in the last 12 months. We reviewed five complaints in detail and found that they were handled in an appropriate and timely way.
- Issues and concerns were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. For example, the service engaged with the local pathology service to reduce the need for late night visits to patients.
- The service had a comprehensive approach to overseeing and managing complaints. This included detailed analysis of trends; monthly dedicated complaints meetings; information sharing with all staff; and engagement with the CCG.
- The service used certain dedicated tools to facilitate complaints management, including an incident/ complaints management audit tool and a logging system to capture all details.
- We saw evidence that the service used findings from complaints and associated analysis to inform practice. For example, following a complaint made in May 2019 relating to delays in care, the service reviewed processes and made improvements to operational procedures. Findings were shared with staff as part of dedicated training sessions and a staff learning day.
- The service classified incidences of negative feedback as complaints and addressed them accordingly.

## 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 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. This included working with commissioners and other stakeholders to recognise local service needs.
- 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 operational periods, with an effective on-call system that staff told us they were able to use.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## 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 accompanying values. The service had a realistic strategy and supporting business and other plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff we spoke with demonstrated they were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was aligned with health and social priorities across the region. The service planned the service to meet the needs of the local population.
- The service monitored progress against delivery of strategies and plans.
- The service ensured that staff who worked at operational sites felt engaged in the delivery of the vision and values. Views from staff we spoke with aligned with this.

## Culture

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

- Staff we spoke with said they felt respected, supported and valued. They told us they were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance which was not consistent with the service's vision and values. We saw evidence that performance management processes were implemented when needed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Patients were invited to provide feedback on the service. The service 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 told us they had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last 12 months. 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 time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. We saw an example from October 2019 where a staff member was appropriately supported following an incident of patient aggression.
- 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 told us they felt they were treated equally.
- We saw evidence of positive relationships between staff and teams.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

# Are services well-led?

- 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 used a programme of reviews and updates to manage standard and local operating procedures.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance of the service. Staff performance could be demonstrated through audit of consultations, prescribing and referral decisions. Leaders had oversight of MHRA and other alerts, incidents, and complaints. Leaders also had a good understanding of service performance against national and local targets. Performance was regularly discussed at senior management and board level. We saw that 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 service had documented plans and had trained staff for dealing with major incidents.
- The service implemented improvements, and where changes were made to improve effectiveness and efficiency this was with input from clinicians to understand the impact on the quality of care.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients and staff.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to up-to-date information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care. This included comprehensive systems for managing risks, incidents and complaints.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the service carried out a detailed and comprehensive survey of receptionists and driver staff in January 2020, and used findings to identify and implement improvements. This included setting up regular management visits to operational sites for staff to discuss issues and concerns with them.
- Staff were able to describe to us the systems they could provide feedback. This included staff surveys, team meetings, and one-to-one sessions with managers. We saw evidence of recent staff surveys and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

# Are services well-led?

## 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, the service was implementing a comprehensive compliance tool to review incidents, significant events and risks.
- 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 to review individual and team objectives, processes and performance.