

# Countess of Chester Hospital GP Out of Hours service

## Quality Report

Countess Of Chester Health Park,  
Liverpool Road,  
Chester,  
Cheshire CH2 1UL  
Tel: Via NHS 111  
Website: [http://www.cwp.nhs.uk/contact/  
gp-out-of-hours/](http://www.cwp.nhs.uk/contact/gp-out-of-hours/)

Date of inspection visit: 29 and 30 August 2018  
Date of publication: 02/10/2018

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 service	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	

# Key findings

## Contents

### Key findings of this inspection

Letter from the Chief Inspector of General Practice

Page

2

### Detailed findings from this inspection

Our inspection team

4

Background to Countess of Chester Hospital GP Out of Hours service

4

Detailed findings

5

## Letter from the Chief Inspector of General Practice

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

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 Countess of Chester Hospital GP Out of Hours service on 29 and 30 August 2018 as part of our inspection programme.

At this inspection we found:

- The service had systems in place to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- There were systems in place to mitigate safety risks including those associated with health and safety, infection prevention and control and dealing with safeguarding.
- 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment

- Staff involved and treated people with compassion, kindness, dignity and respect.
- The service was underperforming in one of their targets relating to response times for home visits. The branch location was subject to ad hoc closures due to staffing pressures and relocation of staff. However patient feedback was positive in relation to accessing care and treatment from the service within an appropriate timescale for their needs.
- The service facilities were accessible and well equipped to treat patients and meet their needs. The vehicles used for home visits were maintained and well equipped, however not all the required checks were carried out on a daily basis.
- There were systems in place that enabled staff to access patient records. Out of hours staff provided other services, such as the patient's own GP and hospital, with the information they needed following contact.
- There was a clear leadership structure and staff felt supported by leaders and management. The provider sought patient views about improvements that could be made to the service; including through the Friends and Family Test, internal surveys and share your experience information. It acted, where possible, on feedback.
- There was a focus on continuous learning and improvement at all levels of the organisation.

**The areas where the provider should make improvements are:**

# Summary of findings

- Review the training plan to include chaperone training for those non- clinical staff who undertake chaperone duties.
- Continue to monitor the streaming criteria and protocols to ensure appropriate streaming to GP out of hours is taking place and that full and accurate information is documented and received by the out of hours service.
- Continue to review clinical staffing levels and recruitment in order to meet patient needs and service demands.
- Review the system for documenting action taken in response to safety alerts.
- Continue to plan and carry out fire evacuation drills as required at both sites.
- Review and formalise the system for implementation and monitoring of NICE and other clinical guidance.
- Review the formalisation and documentation of clinical supervision for staff.
- Review accessibility and provision of information and advice leaflets in different languages and formats.
- Review the displaying of the complaints procedure in the waiting areas.
- Continue to monitor equipment checks for the out of hours vehicles to ensure daily checks of all equipment is carried out and recorded.
- Continue to monitor compliance with clinical staff's safeguarding update training.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Countess of Chester Hospital GP Out of Hours service

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included two CQC Inspectors and a GP specialist adviser.

## Background to Countess of Chester Hospital GP Out of Hours service

The Countess of Chester Hospital GP Out of Hours service is registered as a location under the provider Cheshire and Wirral Partnership NHS Foundation Trust. The trust provides a range of health services, including mental health services, across Wirral, Cheshire, Southport and Sefton areas. They operate two GP practices and the GP out of hours service for West Cheshire.

The service is accessed through the NHS111 service and provides urgent medical help and advice for patients who are unable to wait for their GP practice to re-open. NHS 111 assesses a person's symptoms, and gives the healthcare advice needed or directs people to the local service that can best help people. One of the services available is the GP out of hours service.

The service does not see 'walk in' patients. Those that came in would be told to ring NHS 111, unless they needed urgent care in which case they would be stabilised before being referred to the most appropriate service such as the accident and emergency department.

Once you have been referred to the out of hours service, further care can include:

- Telephone advice
- A face-to-face consultation at one of two centres in Chester or Ellesmere Port.
- A home visit where deemed clinically necessary

The GP Out of hours service operates during the hours as below.

Countess of Chester Hospital Site:

Monday – Friday 7pm – 8am

Saturdays, Sundays and Bank Holidays 24-hour service (8am to 8am)

Ellesmere Port Hospital site:

Monday – Friday 7pm – 12 Midnight

Saturdays, Sundays and Bank Holidays 9am – 10.30pm

As part of this inspection we visited the trust's headquarters and the locations of the Countess of Chester Hospital and Ellesmere Port Hospital GP Out of Hours service.

The service is registered with the Care Quality Commission (CQC) to provide the regulated activities:

- Diagnostic and screening procedures,
- Family planning,
- Maternity and Midwifery
- Treatment of disease, disorder or injury

# Are services safe?

## Our findings

**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 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 ongoing 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. Safeguarding concerns flow charts were available to all staff and they would use them when needed.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The service had implemented the child protection information service (CPIS) system which enabled secure sharing of child protection information and data across health and social care in order to better protect vulnerable children.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff received up-to-date safeguarding training appropriate to their role. A proportion (30%) of sessional GPs did not have up to date level three safeguarding training. Those staff were booked on training sessions in the near future.
- Staff attended safety training, including fire safety. We found that fire evacuation drills had not been undertaken in the last 12 months for both sites.

Following the inspection, we received information that showed a fire evacuation drill had been undertaken at one site and the second site was booked in for the very near future.

- Staff knew how to identify and report concerns. Staff who acted as chaperones had not received formal training however they were able to demonstrate that they knew the procedures and abided by the chaperone policy. All had received an appropriate DBS check.
- There was an effective system to manage infection prevention and control. There were appropriate policies, procedures and protocols in place that staff were familiar with in respect of prevention and control of infection. We observed the premises of both sites to be clean and tidy. There were systems for safely managing healthcare waste.
- The provider ensured that facilities and equipment were safe. Medical equipment was checked and maintained according to manufacturers' instructions. However, some equipment carried in the vehicles used for home visits was not always checked daily. The day after the inspection, we were shown a new checklist that covered all the equipment needing daily checks and were assured it would be implemented immediately.

### 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. The provider recognised it had GP shortages and a plan was in progress to address these with the commencement of recruitment of GPs and implementing retention plans.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. 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.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

### Information to deliver safe care and treatment

# Are services safe?

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The service's record management system supported communication exchange. Staff were also able to access other provider's patients record system. However, we found that when patients were streamed from the adjacent A & E department to the GP out of hours service, there was not always full and accurate information such as baseline observations recorded by the A&E department. These incidents were reported appropriately, investigated and feedback to the A&E provider trust was communicated.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the service accessed GP special notes (for those vulnerable patients coming near to the end of their life). Information about patients care from the service was delivered to their own GP in a timely manner before 8am.
- 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, including medical gases, emergency medicines and equipment, and controlled drugs minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The service carried out regular medicines 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.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.
- 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.

- There were comprehensive risk assessments in relation to safety issues. On the day of inspection, we did not see any up to date general environmental risk assessments for the two sites. However, we were sent information to demonstrate these had been done immediately following the inspection and were assured they would be regularly reviewed and updated.
- 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. However, there was no formal system for documenting action taken in response to relevant alerts.
- Joint reviews of incidents were carried out with partner organisations, including the local A&E department, NHS 111 service and urgent care services. For example, we found a number of incidents involving the streaming of patients from the adjacent A&E department had been reported. We saw evidence these had been discussed with the management and clinicians of the A&E trust, at regular quarterly clinical governance meetings and team meetings. The service provider had trust board level oversight of these concerns.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- The service learned from external safety events and patient safety alerts. The service had an effective

## Are services safe?

mechanism in place to disseminate alerts to all members of the team including sessional and agency staff, however not all action taken in response was documented.

- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. We discussed incidents involving inappropriate streaming of patients from the

adjacent A&E service to the out of hours clinical staff. These had been reported and analysed. Systems were in place to discuss these incidents with the A&E department and the trust running the department. We saw that the number of such reported incidents had decreased following ongoing communication with the trust and further training given by the trust to A&E staff in assessment and streaming decision making.



# Are services effective?

(for example, treatment is effective)

## Our findings

**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 GP lead disseminated the information to the GPs via email and one to one discussions, however there was no formal method of implementation of new/updated guidance and regulations. The provider monitored that these guidelines were followed and were in the process of implementing a new system of monitoring the work of GPs to improve oversight.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included the transfer of calls from NHS 111 to the clinician. The service could be accessed by a number of other ways including enhanced triage by NHS 111, the acute visiting service, health care professional calls and redirection from the adjoining A&E. Staff used a structured assessment tool and decision support 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.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable, for example use of the newly implemented child protection information system (CPIS).
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and care plans/guidance/protocols were in place to provide the appropriate support.

- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and 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. A full clinical audit programme was in place and continuous monitoring of performance indicators took place. Where appropriate clinicians took part in local and national improvement initiatives.

- From 1 January 2005, all providers of out of hours services were 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 clinical commissioning group (CCG) on their performance against the standards which includes: audits; response times to phone calls: whether telephone and face to face assessments happened within the required timescales: seeking patient feedback: and, actions taken to improve quality.
- The provider was meeting all the NQR indicators except for one. They had not achieved the required target for NQR 12 (urgent home visits within two hours). However, the provider was aware of this and we saw evidence that attempts were being made to address them. Continuous monitoring took place.
- The service was also generally meeting its locally agreed targets as set by its commissioner. These included the following key performance indicators (KPIs) being recorded and reported each month:

Total referrals received;

Number of calls dealt with within 15 minutes via a clinician;

Outcome of those calls (i.e. telephone consultation, base appointment, home visit)

- Where the service was not meeting the target, the provider had put actions in place to improve



# Are services effective?

## (for example, treatment is effective)

performance in this area, for example recruitment of another salaried GP and further sessional GPs. The service used information about care and treatment to make improvements.

- 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. Examples of audits with second cycle audits undertaken included; NICE guidance – Feverish illness in children under 5, NICE guidance – bacterial meningitis and meningococcal septicaemia, NICE guidance – Bronchiolitis in children: diagnosis and management and NICE guidance – UTI (urinary tract infections) in children. A number of prescribing audits were also undertaken by the service pharmacy in conjunction with the clinicians.
- The service was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

### 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 health and safety, information governance, medical emergencies and infection prevention and control.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. Some clinical staff were unsure of the supervision process however we saw evidence that demonstrated clinical supervision took place and was available for all clinical staff. This was not formalised

into documented meetings. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### 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. These included NHS 111, ambulance services, and local A&E departments. A number of incidents had been reported with a theme identified around inappropriate streaming of patients from A&E. These incidents were reported and analysed. Ongoing communication and feedback was evident with the A&E provider.
- 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, for example by the use of GP special notes. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways and decision support tools for staff to follow to ensure callers were referred to other services for support as required, received face to face consultations or telephone advice as appropriate.
- 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. However, there were some reported incidents when there was a lack of information received from the A&E department when streaming patients to the out of hours service.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.

# Are services effective?

(for example, treatment is effective)

- 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 require them. Staff were empowered to make direct referrals and/or 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, including those who were vulnerable.
- Where appropriate, staff gave people advice so they could self-care.

- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

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

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

# Are services caring?

## Our findings

**We rated the service as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test, internal satisfaction surveys and other feedback received by the service that we reviewed.

### Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.

- There were a variety of information leaflets available at the service to help patients be involved in decisions about their care. However, information leaflets were not readily available in different languages and other formats,
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand.
- 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. The reception area at the Countess of Chester Hospital site did not afford good privacy being located within the small waiting room where conversations could be overheard. However, staff were fully aware and demonstrated a good understanding and knowledge of how to minimise any breaches of confidentiality when dealing with patients.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**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 provider engaged with commissioners to secure improvements to services where these were identified, for example in securing funding for additional GPs.
- The provider had identified a shortage of GP staff within the service. On a number of occasions GP staff shortages had led to the closure of the out of hours service at Ellesmere port Hospital in order to redirect GP staff to the Countess of Chester site (the site of greatest clinical need). There were no adverse effects reported by the closure of this service. Patients did not find it onerous to use the Chester site and there had been no complaints relating to the closures. The provider had acted and secured finance from the commissioners. Additional GPs were in the process of being recruited in order to address the shortfalls in GP staffing.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service, such as special notes (alerts about a person being on the end of life pathway). 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. An accessibility audit had been undertaken and identified the premises were suitable. However, there were no toilet facilities inside the out of hours unit. People needing to use toilet facilities had to access these in the corridor just outside the unit.
- The service was responsive to the needs of people in vulnerable circumstances.

### Timely access to the service

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

The GP Out of hours service operated during the hours as below.

Countess of Chester Hospital Site:

Monday – Friday 7pm – 8am

Saturdays, Sundays and Bank Holidays 24-hour service (8am to 8am)

Ellesmere Port Hospital site:

Monday – Friday 7pm – 12 Midnight

Saturdays, Sundays and Bank Holidays 9am – 10.30pm

- Patients could access the out of hours service via NHS 111. The service did not see walk-in patients and a 'Walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment, for example patients were told to call NHS 111 or referred onwards if they needed urgent care. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. We saw the most recent (local and national KPI) results for the service (quarter one 2018/2019) which showed the provider was meeting the following indicators:
  - Telephone clinical assessment:

Urgent calls from 111 'speak to within two hours' = 96% achieved against a target of 95%

All other calls from 111 'speak to within 2 hours to 6 hours' = 99% achieved. Target = 95%

- Face to face clinical assessment – drop in patients:

No emergency cases

Urgent within 20minutes = 100% achieved. Target 95%

All other within 60 minutes = 100% achieved. Target 95%

There was an area where the provider was outside of the target range for an indicator. This was National Quality Requirement 12 – visits, for which the provider was only partially compliant.

# Are services responsive to people's needs?

(for example, to feedback?)

- Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.
- Information about how to make a complaint or raise concerns was available at the reception desks, however there was no complaints policy or summary information displayed in the waiting areas. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Four complaints were received in the last year. We reviewed two of these complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends.

## 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?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

**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. Senior managers worked out of hours shifts alongside the staff, giving good support and leadership. Staff told us leaders and managers were visible and approachable.
- The provider 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 values. 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. Staff could articulate the values set by the provider – the 6 ‘Cs’. These values were embedded into everyday culture and staff appraisals were based on them. They were:

Care, Competency, Compassion, Commitment, Communication and Courage.

- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.

- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider’s vision and values.

### Culture

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 need. This included appraisal and career development conversations. All staff received regular annual appraisals and six weekly one to one supervision meetings. 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.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### 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,



# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

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

## 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 trust board had oversight of all risks and monitored the risk register.
- 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. Further development of clinician's performance monitoring was underway with the implementation of new tools for recording, monitoring and assessing performance and training/development.
- Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.
- The provider was aware of service constraints caused by understaffing and its impact on the delivery of services from the branch unit at Ellesmere Port Hospital. They had secured funding from the CCG for additional GP staffing and initiatives to improve retention of staff.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses, including addressing the quality of information received by patient streaming from the adjacent A&E department
- 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.

- 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. The service obtained feedback through internal patient satisfaction surveys, the NHS Friends and Family test results and other feedback.
- Staff were able to describe to us the systems in place to give feedback, such as through appraisals, one to one supervision meetings, team meetings and an open-door policy by management. Staff who worked remotely were engaged and able to provide feedback also.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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



# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- There was a focus on continuous learning and improvement at all levels within the service. Statutory and mandatory training compliance was monitored at board level as well as by team management. Protected learning time was supported.
- 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 culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, implementation of new software for recording and managing the performance of clinical staff, including recording, monitoring their training and development and audit of their consultations and adherence to guidelines. There were systems to support improvement and innovation work.