

# Vernova Healthcare - Waters Green Medical Centre

## Inspection report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

# Overall summary

**This service is rated as Good overall.** The previous inspection in March 2018 was not rated because the CQC did not give ratings to independent healthcare providers at that time. However, all the required standards of care were met at that inspection.

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? – Outstanding

We carried out an announced comprehensive inspection at Vernova Healthcare - Waters Green Medical Centre as part of our inspection programme and to provide the service with a rating.

Vernova Healthcare Community Interest Company is registered with CQC under the Health and Social Care Act 2008 in respect of the following regulated activities: surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury.

Vernova Healthcare is owned by the 22 GP practices in the area of Eastern Cheshire and whilst the GPs are the shareholders of the Community Interest Company, Vernova Healthcare is a “not-for-profit” organisation and re-invests any financial surplus into patient care.

Vernova Healthcare Community Interest Company is registered to provide a number of health care services at its location at Waters Green Medical Centre, the majority of which are NHS funded. These services are available by referral from the patient’s GP. The service works closely with Macclesfield Hospital to ensure that the services provided are joined up with hospital care. Services include phlebotomy, ultrasound, diabetes, aural micro suction and minor surgical procedures including vasectomy and carpal tunnel surgery. In addition, they provide a travel health clinic.

Justin Johnson is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

## Our key findings were:

- There were systems and processes in place to safeguard patients from abuse and staff were able to access relevant training to keep patients safe.
- The service learned and made improvements when things went wrong.
- Regular and ongoing training was provided to ensure staff were suitably qualified for their role.
- Staff worked together and worked well with other organisations to deliver effective care and treatment.
- Mental health practitioners were involved in the diabetic clinic to further support patients with the management of their condition.

# Overall summary

- Staff consistently told us they enjoyed their job and were well supported in their role.
- Staff treated patients with kindness, respect and compassion.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- There were clear and effective processes for managing risks, issues and performance.
- Leaders consistently demonstrated a commitment to best practice performance and risk management to ensure all staff had the capacity and skills to deliver high quality sustainable care. There were systems in place to review all aspects of the service for ongoing improvement with identified problems being addressed quickly and openly.

We saw the following outstanding practice:

- There were systems to support improvement and innovation work. For example, there were clear examples of Vernova Healthcare delivering care and services in an innovative way exemplified by the specialist community diabetes service. This meant patients received high quality care closer to their home which is a particular benefit for people living with poorer social determinants of health.
- An academic paper about talking therapies in specialist community diabetes services has been submitted for publication. There was evidence of the effectiveness of the diabetic service with demonstrably improved HbA1c levels. A further paper has also been submitted for publication showing the impact of the pandemic on diabetic monitoring demonstrating that those patients living in the highest areas of deprivation were disproportionately affected. This research provided clinicians with information about how to better target services in order to support patients living in areas of high deprivation and who may be vulnerable to other healthcare issues.
- Leaders consistently demonstrated a commitment to best practice performance and risk management systems to ensure staff had the capacity and skills to deliver high quality sustainable care. There were systems in place to review all aspects of the service for ongoing improvement with identified problems being addressed quickly and openly.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC inspector and included a CQC GP specialist adviser.

## Background to Vernova Healthcare - Waters Green Medical Centre

Vernova Healthcare is situated in Waters Green Medical Centre on Sunderland Street, Macclesfield, Cheshire, SK11 6JL.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

We inspected this service on 27 January 2023. During our visit we spoke with a range of staff including the registered manager and a range of clinical and administration staff. We looked at information the service used to deliver care and treatment and undertook a tour of the premises.

Hours of opening:

Monday to Friday 8am to 8.30pm.

Saturday 8am to 1pm.

Sunday: closed.

Website address: [www.vernovahealthcare.org](http://www.vernovahealthcare.org)

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

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

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

# Are services safe?

## We rated safe as Good because:

Care was provided in a way that kept patients safe and protected them from avoidable harm. Risks were well managed, and the service learned and made improvements when things went wrong.

## 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 appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. A senior member of the clinical staff took responsibility for managing and overseeing safeguarding.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was a Freedom to Speak up policy and guardian available for staff to raise concerns. Staff spoken with understood their role in ensuring issues and concerns were dealt with promptly and in line with good practice.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. There was an infection control policy and an infection control audit was completed annually. Legionella checks were carried out and daily and weekly cleaning schedules were in place. Staff were trained in good hand-washing techniques
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## 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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- Medical alerts were monitored daily by a senior member of staff. A record was kept of each medical alert received along with information about any action taken. This was in line with good practice and ensured staff and patient 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 kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- If necessary, clinicians made appropriate and timely referrals to other services in line with protocols.

## **Safe and appropriate use of medicines**

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit 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. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## **Track record on safety and incidents**

### **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.

## **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. Staff understood their duty to raise concerns and report incidents and near misses and 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. For example, a patient's appointment was changed from a face to face appointment to a telephone consultation due to unforeseen staff absence. However, the patient attended their appointment in person and became unwell on arrival and required medical attention. Clinical staff discussed this incident and agreed changes were needed to current practice. Patients care needs are now reviewed before any changes are made to their appointments which ensures patient safety and wellbeing.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

### **When there were unexpected or unintended safety incidents.**

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

# Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

## **We rated effective as Good because:**

Patients have good outcomes because they receive effective care and treatment that meets their needs. There was a continuous programme of quality improvement and staff worked with other agencies and each other to deliver effective care and treatment.

### **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 (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their mental and physical well-being. For example, mental health practitioners were involved in the diabetic clinic to further support patients with the management of their condition.
- Clinicians had enough information to make or confirm a diagnosis.
- 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 was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. For example, the practice had gathered evidence that demonstrated patient experience with being able to book a blood test appointment by phone was less positive relative to other aspects of the phlebotomy service. In the light of this, in February 2022 the organisation invested in an on-line phlebotomy booking system to give patients the option of booking their appointments directly. Now, over 50% of appointments are booked this way.
- An audit of vasectomy records in April 2022 identified that there was some inconsistency in recording of information within the clinical records. An updated clinical template was developed to support consistency of recording of relevant information in line with the current base of evidence and guidance.
- In response to a suggestion from a member of staff arising from informal patient feedback, the organisation re-established diabetes clinics in Knutsford, Cheshire to provide more local access for patients.

### **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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- 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 appropriate clinical staff were trained in sepsis.



# Are services effective?

- The organisation employs younger staff who attend sixth form college as administration workers. These staff were supervised in their role and provided with daily training and support. All the necessary security checks were carried out prior to employment.
- Educational events were run for patients newly diagnosed with diabetes. These events are diabetes structured education programmes accredited by the Quality Institute for Self-Management Education and Training. Different programmes are provided by Vernova Healthcare for both Type 1 and Type 2 diabetes. 90% of people living with diabetes have Type 2, and for this group the service delivers Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) courses. Access to online education (MyDESMOND) is also facilitated for people who prefer this option. The effectiveness of DESMOND is demonstrated by research evidence, and Vernova Healthcare is licensed as the provider of DESMOND for Eastern Cheshire.

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, a patient with a learning disability who was diagnosed with type 1 diabetes was identified as high risk in relation to their healthcare needs. In the light of this, the clinical team developed and delivered a training package for the patient's carers to help and support the patient to become competent at administering their own treatment with some supervision and guidance from staff.
- The service monitored the process for seeking consent appropriately.

## Supporting 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.

- Where appropriate, staff gave people advice so they could self-care.
- 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.

- 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.

# Are services caring?

## **We rated caring as Good because:**

Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received. Feedback from patients was overwhelmingly positive about the way they were treated.
- Staff understood patients' personal, cultural and social needs. During discussion staff displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information about their health care needs. For example, patients were given information leaflets about their treatments and information was also displayed on the practice website.

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

#### **Staff helped patients to be involved in decisions about care and treatment.**

- Staff communicated with patients in a way that they could understand.
- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or health care professionals were appropriately involved.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

Services were tailored to meet the needs of individual patients and were accessible. Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

## **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 provider understood the needs of their patients and improved services in response to those needs.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, Waters Green Medical Centre is an accessible building with dedicated accessible parking on site. Patients can access a portable hearing loop and book appointments by telephone or e-mail/text conversation. Home visits were provided for patients with diabetes who are unable to attend for appointments.
- Longer appointments were available for patients who required them. Within the phlebotomy service there were dedicated extended appointments for children and patients with learning disabilities. These can be booked directly by the patient or their parents or carers.

## **Timely access to the service**

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals to other services were undertaken in a timely way as necessary.

## **Listening and learning from concerns and complaints**

### **The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

## **We rated well-led as Outstanding because:**

Leaders were knowledgeable about the priorities and challenges related to the management of the service. There was a clear vision and set of values. Staff were clear on their role and responsibilities and felt respected, supported and valued. There was a strong focus on continuous learning, improvement and innovation. The service continuously evolved to meet the identified changing needs of the patients referred to it.

## **Leadership capacity and capability**

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

- Leaders consistently demonstrated a commitment to best practice performance and risk management systems to ensure staff had the capacity and skills to deliver high quality sustainable care. There were systems in place to review all aspects of the service for ongoing improvement with identified problems being addressed quickly and openly.
- The service focused on the needs of patients. Vernova Healthcare's ethos was to ensure patients were at the heart of the service. This ethos was underpinned by shared decision making with patients and a culture of ongoing improvement. Leaders were aware of the local health plan and carefully and continuously monitored the needs of patients referred, and looked to adapt the service accordingly. The availability of mental health support for patients was introduced to more holistically respond to identified need.
- Leaders work with the Integrated Care Board to continuously review and evolve the service to meet patient needs.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Feedback from staff about the leadership team was positive in respect of their effectiveness and how supportive and inclusive they were. The leadership team were receptive to views and ideas from staff.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. Leaders constantly reviewed the skills and knowledge mix of the team to meet any innovative plans and goals.

## **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 staff and external partners (where relevant). Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They worked closely with other stakeholders to plan the future development of the service and had a strong and interactive relationship with the Integrated Care Board (ICB). An ICB is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the area. They understood the challenges and were addressing them.
- The service monitored progress against delivery of the strategy.
- There were effective systems in place to review all aspects of the service for ongoing improvement with identified problems being addressed quickly and openly.

# Are services well-led?

- Staff were aware of and understood the organisation's vision, values and strategy and their role in relation to this. Staff spoken with and those that had completed the CQC staff questionnaire reported they were clear about the organisation's vision for patient care and knew what was expected of them. They spoke highly of senior staff and said they felt valued in their role and part of a cohesive team.

## 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 told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. Managers actively encouraged incident reporting with a "no blame" culture so that lessons could be learned.
- A senior member of staff was appointed as Freedom to Speak up Guardian to support staff when they wanted to raise a concern. Staff were aware of the Freedom to Speak up Guardian and understood their role in relation to raising concerns about the way the organisation operates.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff 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.
- 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, 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. The staff spoken with told us they were very well supported in their role and attended regular team meetings where they were encouraged to talk about their ideas and views of the service. They confirmed they were provided with regular and ongoing training for their role and an annual appraisal. Staff considered Vernova Healthcare to provide a very good service with senior staff being visible and approachable.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Governance issues were routinely discussed at multi-disciplinary team meetings. If there was a serious incident or matter of concern in-between meetings, then ad-hoc updates were provided for the team. Clinical leads and directors were responsible for governance and following an incident would start a quality improvement process to implement any identified changes.

# Are services well-led?

- Leaders liaised with external agencies to share learning.
- 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 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.

## 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. For example, fire safety equipment and equipment used by clinicians was checked regularly. Health and safety risk assessments were also completed.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Other areas of audit include infection rates, success rates in vasectomy and carpal tunnel treatment, patient waiting times and access to the service.

## 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.

## 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.**

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. The practice invited patients to complete a quality assurance questionnaire after attending the practice or following an online consultation. The questionnaire gave every patient the opportunity to feed back on the quality of care they had received. We reviewed the organisation's Patient Experience Survey Results summary for 2022. This indicated that patients were overwhelmingly happy with the standard of the service they received in all areas of service provision.
- The service was transparent, collaborative and open with stakeholders about performance.
- Team meetings were held at all levels. All team members could participate and learn from discussions held, and there was adequate staffing and time to allow for reflection. The management team encouraged openness and new ideas at all times to improve services.

## Continuous improvement and innovation

# Are services well-led?

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

- There was a focus on continuous learning and improvement. For example, in May 2022 the organisation found some inconsistency in the clinical information recorded in some patient records. In the light of this, a new template was developed to include mandatory fields for information in line with current evidenced based practice. In November 2022 the organisation installed a new clinical IT system which had a patient list management function enabling improved waiting list management. In December 2022 a fortnightly multidisciplinary foot-care clinic was established including podiatry, consultant diabetologists, diabetes specialist nurse, and orthotists.
- For some years there had been a pressure on local endocrinology services resulting in there being no local service available for Eastern Cheshire patients by Summer 2022. Vernova Healthcare, as the provider of the local community diabetes service, was asked to provide support in this area and were able to organise a service by October 2022. This means that GPs can refer patients to a local service whilst a longer-term solution is agreed for the local area.
- 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 were systems to support improvement and innovation work. For example, there were clear examples of Vernova Healthcare delivering care and services in an innovative way exemplified by the specialist community diabetes service. This delivered high quality care closer to patients' homes, a particular benefit for people living with poorer social determinants of health. The service had responded to the mental health needs of patients by integrating mental health support into the diabetic clinic.
- An academic paper about talking therapies in specialist community diabetes services has been submitted for publication covering this area. There was evidence of the effectiveness of the diabetic service with demonstrably improved HbA1c levels. A further paper has also been submitted for publication showing the impact of the pandemic on diabetic monitoring demonstrating that those patients living in the highest areas of deprivation were disproportionately affected.