

# Wellington House

## Inspection report

Wellington House

Taunton

Somerset

TA1 3UF

Tel: 01823346329

[www.somersetduc.nhs.uk](http://www.somersetduc.nhs.uk)

Date of inspection visit: 16 May to 16 May

Date of publication: 23/07/2018

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 location

Requires improvement



Are services well-led?

Inadequate



# Overall summary

## **This service is rated as requires improvement overall.**

(Previous inspection November 2017 – Requires improvement).

The key questions are rated as:

Are services well-led? – Inadequate

We carried out an announced focused follow up inspection at Wellington House on 16 May 2018. This was to review the quality of the service following three previous inspections carried out at the service in April, August and November 2017 where we found significant areas of concerns.

We had previously undertaken a comprehensive inspection of Wellington House on 24 and 25 April 2017. We rated the NHS 111 service as requires improvement overall with a requires improvement rating for safe and effective, good rating for caring and responsive and inadequate for well led. Following that inspection, we issued a Warning notice in regard to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance and a requirement notice in respect of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

To check compliance with the warning notice we carried out an announced focused follow up inspection at Wellington House on 24 August 2017. Following that inspection, we issued further warning notices in respect of:

- Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Dignity and Respect;
- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment;
- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance;
- Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

On 16 and 17 November 2017 we undertook an announced comprehensive inspection. As part of that inspection we assessed whether the provider had met the requirements of the warning notices by the expected date of 15 November 2017. We rated the NHS 111 service as good for safe, effective, responsive and caring. The inadequate rating for well led remained. At the November 2017 inspection of the service we found:

- The provider had partially met the requirements of the warning notice for Regulation 18 as it had not improved on the recruitment for the complement of permanent clinical advisory staff.
- The provider had partially met the requirements of the warning notice for Regulation 17 as the governance systems in place were not effective enough to sustain the quality of the service and to promote continued development and improvement of the service.
- Insufficient improvements have not been made such that there remains a rating of inadequate for well-led.

We told the provider they must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

At the May 2018 inspection we found the delivery of high-quality care was not assured by the leadership and governance in place at the service. Significant issues that threaten the delivery of safe and effective care were not adequately managed. For example, substantial or frequent staffing shortages within the NHS 111 service have led to higher caller abandonment rates and fewer calls being answered within 60 seconds. This demonstrated that patients were at risk of being unable to access care and treatment from the service within an appropriate timescale for their needs. There was limited evidence that actions to address previous CQC concerns had resulted in sustained improvement to the service.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- To ensure that governance arrangements support sustained improvement in accordance with the fundamental standards of care.

We found insufficient improvements have been made such that there remains a rating of inadequate for well-led. The service will be kept under review and if needed measures could be escalated to urgent enforcement action.

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included another CQC inspector, a CQC inspection manager and a GP specialist adviser.

## Background to Wellington House

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Wellington House is part of Vocare Limited. This service is known locally as Somerset Doctors Urgent Care ([www.somersetduc.nhs.uk](http://www.somersetduc.nhs.uk)) and provides a NHS 111 service for a population of approximately 540,000 patients in the Somerset region. Until 30 April 2018 they also provided the Somerset GP Out of Hours service. Vocare deliver GP Out of Hours and urgent care services to more than 4.5 million patients nationally.

Wellington House NHS 111 is a telephone based service where people are assessed, given advice and directed to a local service that most appropriately meets their needs. It operates 24 hour, 365 days a year from Queen Street, Taunton, Somerset TA1 3UF. The location is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the following regulated activities: Transport services, triage and medical advice provided remotely.

It is co-located with the NHS 111 service for Cornwall & the Isles of Scilly. The local management team also provide governance of NHS 111 for Devon, Wiltshire, Bath and NE Somerset and Swindon CCG areas.

# Are services well-led?

## We rated the service as inadequate for well-led.

At our last inspection on 16 and 17 November 2017 we rated the well-led domain as inadequate. We were concerned about:

- The service was working towards becoming compliant with the regulations but had not got an established and stable management team at the time of the inspection.
- The service was unable to evidence the impact of the new management structure in meeting the vision and strategy. The inspection team were told that the governance framework which supported the delivery of the strategy was being reviewed.
- Responsibilities, roles and systems of accountability to support good governance and management were not fully in place. For example, there was limited evidence related to how audits contributed to service improvements; there was no clear process for sharing any learning and an interim transitional regional director had recently commenced employment to address the failings of the service.
- Processes to identify, understand, monitor and address current and future risks including risks to patient safety had failed to address the issues identified on previous inspections in order to achieve compliance with the regulations. For example, the recovery trajectory plan failed to be achieved and was revised to achieve 95% by February 2018. Somerset Clinical Commissioning Group had previously issued the provider with a Contract Performance Notice (CPN) because of the provider's failure to achieve the percentage of calls answered within the 60 second KPI (key performance indicator). The CPN remained in place.
- We found the service did not always act on appropriate and accurate information with the inspection team finding inconsistencies in the evidence provided such as data on vacancies for clinical advisors.
- There was limited evidence of systems in place for staff to give feedback or be involved in service development.

At this inspection we found:

### Leadership capacity and capability

- Since our previous inspections the local leadership team had fluctuated and roles were established but not yet firmly embedded in the overall management and governance of the service. For example, a new deputy regional director had been in post for four months who

also acted as the Registered Manager; the lead nurse, who was the governance lead, was no longer in post and the regional medical director now provided ad hoc sessions.

- The provider was undertaking a consultation to restructure clinical management and regional leadership. At the time of inspection, the permanent leadership structure was in draft format until the consultation process was complete.
- The leadership team at Wellington House undertaken governance of additional NHS 111 services including Cornwall NHS 111 and Devon NHS 111. It was not clear how the leaders had the capacity to undertake additional service support whilst prioritising non-compliance at this service. However, we noted the local leadership team were knowledgeable about issues and priorities relating to the quality and future of services from Wellington House. They understood the challenges and were planning improvements to governance arrangements to better provide evidence for a future inspection.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.

### Vision and strategy

Whilst the provider stated that their vision was to deliver a high quality service and promote good outcomes for people using the service, the management structure in place to implement this had undergone major changes in staffing and structure and was too new to have had a measurable impact. The new recovery trajectory plan, if fully implemented, supported the delivery of the vision and strategy.

### Governance arrangements

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

- Structures, processes and systems to support governance and management were clearly set out and understood. Nationally there had been an initiative to link the provider's governance to the holding company for overarching oversight and good governance. However, there was limited evidence to support how effective this system was.
- Leaders had established policies, procedures and activities to ensure safety such as daily risk meetings

## Are services well-led?

and monthly local quality meetings. We reviewed minutes from these meetings and saw not all invited staff attended such as team leaders or that actions and outcomes from risks and issues were not always discussed.

- Whilst there was a comprehensive process of continuous clinical and non-clinical call auditing used to monitor quality within Somerset NHS 111 the service was unable to show how it contributed to improvement in individual or service performance. Call handling performance remained below required levels despite call handling audits and staff development having been completed.
- There was little evidence that one to one supervision for individual staff was taking place regularly. Staff who worked remotely were supervised outside of the local service and there was no assurance that the supervision was adequate or there was local oversight.

### Managing risks, issues and performance

Since our previous inspection in November 2017 the service had a new action plan to address shortfalls from our previous inspections and a new recovery trajectory plan (RAP). The RAP had not yet been signed off by the Clinical Commissioning Group. Although we saw evidence of plans and actions to manage the service were in place there was limited evidence of the effectiveness of these processes to manage risks, issues and performance.

- The provider had processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, this had failed to address the issues identified on previous inspections in order to achieve compliance with the regulations.
- The provider had established its own performance monitoring arrangements and reviewed its performance each month producing a report for the Somerset Clinical Commissioning Group (CCG) as part of contract monitoring arrangements.
- The previous recovery trajectory plan failed to be achieved by the expected date of February 2018 because of inadequate call advisor and clinical advisor staffing levels. The revised RAP plan aimed for 100% staffing by October 2018 with a revision to achieve the 95% trajectory for 60 second call answering at this time.
- Previously the provider had implemented a new system for statutory and mandatory training however gaps within training uptake were evident. We saw

improvements in training completion such as safeguarding for children level three which reduced risks. In addition, the service had worked with a charity to provide mental health training. Some gaps in the provider's mandatory training remained such as information governance. However, we found it difficult to corroborate training records and achievement as adequate and accurate records were not maintained within the administrative system.

- 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.
- The provider identified as part of their presentation that there was a backlog of incident investigations. Root cause analysis was not always completed on time. We reviewed incident logs and saw incidents from October 2017 through to January 2018 remained under investigation and incomplete. Evidence around lessons learnt and embedding this locally remains concerning and could result in similar events occurring in future.
- Previously we had concerns that lessons learnt from incidents were only shared with the staff who were directly involved. We saw the service had good processes to contact staff following incidents and to feedback learning individually but evidence of learning shared more widely remained limited to agendas for meetings which did not include discussions about lessons learnt from incidents and complaints and evidence seen at previous inspections. The newsletters shown to us, as a method of communicating lessons, contained general staffing information only. We confirmed with staff that learning was not widely shared. During our visit we requested copies of the minutes of team meetings for clinical advisors but have not received them.
- We were assured that previous concerns regarding management of complaints via the Patient Advisory Liaison Service were rectified. At the time of the inspection there were three ongoing complaints, all managed within recognised timescales. However, we found one complaint had been allocated initially to another area and had not been reallocated to anyone locally to investigate.
- Audits mostly related to data reviews. We looked at the annual audit programme and saw some evidence of quality improvement work and clinical audits which had

## Are services well-led?

a positive impact on quality of care and outcomes for patients. For example, an audit completed on the frequency of calls from residential and nursing homes identified frequent users of the service however, there was clear evidence of action to resolve concerns and improve quality of patient care for those residents.

Providers of NHS 111 services are required to submit call data every month to NHS England by way of the Minimum Data Set (MDS). The MDS is used to show the efficiency and effectiveness of NHS 111 providers. We saw the most recent MDS results for the service (for the period January 2018 to April 2018) which showed the provider was not meeting performance indicators for four of the national quality requirements. We noted there had been a reduction in performance against the national quality requirements since our last visit. There were high call abandonment rates and poor performance in relation to the 60 second call answering target; being as high as 40%. On one occasion in April 2018 the abandonment rate was as high as 25%. Call waiting had at times been up to 60 minutes. We saw a correlation between staffing of the service and reduced service performance on weekends and bank holidays.

- From January to April 2018 data showed that the service was mostly below the expected levels for the percentage of calls answered within 60 seconds. The national average for England is 76.9% and we saw the service average in January of 67.5%, February 63% and March 51.5%. In April 2018 call answering had improved to show an average of 74.2% however during some weekends the data indicated poor performance. For example, one Sunday showed that 41% of calls were answered within 60 seconds. There was some improvement for the two weeks in May 2018 prior to our inspection (with the lowest answering rate of 46% on a weekend and the highest weekday rate of 98%).
- Data for call abandonment rates (when the caller terminates the call before the service answers) had worsened and did not show month on month improvements remaining around 6% of calls with the exception of March 2018 when 11.4% of calls were abandoned. This was above the national average of 3.5%. There were limited actions that demonstrated a timely process to minimise the number of calls that were abandoned by the caller.
- There was a lack of evidence of calls being escalated to clinical advisors when call advisors identified patient

concerns. This was supported by data that indicated high ambulance dispositions which was on average 11% of all calls answered in March and April 2018. This was a slight improvement from January and February 2018 when these were 13% and 12% respectively. At times when the NHS 111 system supported the need for clinical validation of symptoms we were not assured that this was taking place. Review of the incident recording system evidenced non-escalation of calls.

- The provider identified these issues as part of their presentation and had produced a Recovery Action Plan (RAP). However, the average performance figures disguise the significant troughs in performance and highlight a failure to manage this effectively. We were told the troughs were due to poor staffing which would be addressed by the RAP. On each previous inspection of the NHS 111 service there had been a RAP in place and the projections had not been achieved.
- The information used to monitor performance and the delivery of quality care was accurate. There were plans to address any identified weaknesses, such staffing levels by October 2018. By this time the service forecasted that 95% of calls would be answered within 60 seconds. We saw that on two occasions the service had synergised with another local NHS 111 service in order to provide adequate staffing when surges in demand were forecast.
- Previous inspections and service recovery plans had highlighted staffing vacancies and had included a trajectory of recruitment; whilst this had previously been achieved for call advisors, data from the provider showed that turnover for call advisors continued to be high and the full time equivalent (FTE) vacancy rate was now 9.7. Although we saw some improvement in clinical advisor vacancies which had reduced from 7.9 FTE vacancies in November 2017 to 4.3 FTE vacancies we saw that there was a reliance on the use of off-site clinical advisors to reach their staffing trajectories.
- There was limited evidence of the provision of effective support from the provider to impact on improving the quality of the service and staffing since our previous inspection. In particular at weekends and times when there were unexpected surges in demand for the service.

### Appropriate and accurate information

- Quality and operational information was used to plan improvement to performance.



## Are services well-led?

- Quality and sustainability were discussed in relevant meetings.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- Prior to our inspection in May 2018, Somerset Clinical Commissioning Group (CCG) wrote to the provider around concerns of timely engagement with stakeholders and themselves. This included patient complaints where the service had been unresponsive to CCG requests for action; overdue serious incidents that were awaiting service feedback or outstanding and 18 outstanding health care professional feedback reports. This demonstrated that the service was not always responsive when submitting data or notifications to external organisations as required.
- The service told us they had not needed to use the national contingency service.

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

At our previous inspection the service was aware that staff engagement was an area for improvement. Since then the service had:

- Provided staff with a 'reflect room' room to enable them to take breaks away from the call centre hub.
- Scheduled regular monthly staff meetings led by team leaders although attendance at these was poor. An action within the services action plan was in place to improve systems for staff to give feedback.
- Introduced improved terms and conditions of employment such as sick pay and maternity pay.

There was no current progress within the service's CQC action plan around engagement with patients' through a patient participation group. There were plans to gather a full and diverse range of patients' views and concerns through the use of technology such as telephone text surveys.

There was evidence that the service met with ambulance and urgent care providers regularly to monitor the high ambulance and emergency department dispositions situation.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance <b>Warning notice</b>