Loughborough Urgent Care Centre

Inspection report

Hospital Way
Loughborough
LE11 5JY
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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	Inspected but not rated
Are services safe?	Inspected but not rated
Are services effective?	Inspected but not rated
Are services caring?	Inspected but not rated
Are services well-led?	Inspected but not rated

Overall summary

We carried out an announced, focused inspection of Loughborough Urgent Care Centre on 5 April 2022. We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Leicester, Leicestershire and Rutland. To understand the experience of GP Providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

A summary of CQC findings on urgent and emergency care services in Leicester, Leicestershire and Rutland.

Urgent and emergency care services across England have been and continue to be under sustained pressure. In response, CQC is undertaking a series of coordinated inspections, monitoring calls and analysis of data to identify how services in a local area work together to ensure patients receive safe, effective and timely care. We have summarised our findings for Leicester, Leicestershire and Rutland below:

Leicester, Leicestershire and Rutland

Provision of urgent and emergency care in Leicester, Leicestershire and Rutland was supported by services, stakeholders, commissioners and the local authority.

We spoke with staff in services across primary care, integrated urgent care, acute care, mental health services, ambulance services and adult social care. Staff had worked very hard under sustained pressure across health and social care services.

People reported difficulties when trying to see or speak to their GP. Some GP practices had invested in new technology to improve telephone access. Staff working in GP practices signposted patients to extended and out of hours services to prevent people attending emergency department whenever possible.

Staff working in urgent care reported an increase in demand and an increase in acuity of patients presenting to their services. Some staff reported frustrations in relation to urgent care pathways; staff working in advanced clinical practice were not always empowered to make referrals into alternative pathways.

Staff working in urgent care services reported challenges due to the volume of pilots focused on admissions avoidance running across Leicester, Leicestershire and Rutland. Many pilots ran for relatively short periods of time and were often impacted by staffing issues. This made it difficult to maintain oversight of pathways available to avoid acute services. However, some pilots had proved successful and prevented ambulance responses and hospital admissions.

Staff working across urgent and emergency care services raised concerns about their skills set. Some ambulance staff feared the shift from dealing with multiple emergencies to providing longer term care for one patient in a shift, in combination with having less time for training, impacted on their competency. Some staff in urgent care services felt they needed additional training to meet the needs of patients presenting with higher acuity.

Patients seeking advice from NHS111 in Leicester, Leicestershire and Rutland experienced some delays getting through to the service, when compared against national targets. However, at the time of our inspection, performance was better than England averages for key indicators including the percentage of calls answered within 60 seconds, and call abandonment rates. Staffing continued to be a challenge across NHS111, however recruitment was on-going.

Out of hours care had been challenging throughout the pandemic as staff were redeployed to other key services, this had particularly impacted on home visiting services.

Overall summary

The emergency department serving Leicester, Leicestershire and Rutland is within a large, city centre hospital. and poor patient flow across health and social care has further increased the significant pressure on the emergency department. This pressure has resulted in long delays in care and treatment. Long delays in ambulance handovers have, in turn, resulted in a high number of hours lost to the ambulance service whilst their crews wait outside hospital. This causes further delays in responding to 999 calls to patients in the community with serious conditions.

Ambulance crews reported an increase in the volume of patients calling 999 who told them they had been unable to see their GP and crews often signposted patients back into primary care.

We found psychiatric liaison services at the city centre hospital were well run and designed to meet people's needs. Staff demonstrated effective partnership working with a person-centred approach and good use of alternative pathways to avoid admission into acute or social care services.

We found that staff working across specialisms in acute services did not always provide sufficient in-reach into the emergency department to improve patient flow and the care received. This was particularly apparent at night. Beds were not allocated to patients until they had been accepted by specialists, this meant some patients spent additional time waiting in ED. During our inspection, between 45 and 60 beds were needed for new patients waiting in ED. Some patient transfers to other hospitals in Leicester, Leicestershire and Rutland stopped at 8pm, this restricted patient flow out of the city centre hospital.

Some staff reported frustrations with escalation processes across health and social care in Leicester, Leicestershire and Rutland. At times when the city centre hospital and the ambulance service was under significant pressure, staff felt there was a lack of diverts available to other sites or services and that system partners were slow to respond. There was a rapid ambulance handover process when services were in escalation; however, staff reported these were not effective.

There was a high number of patients in hospital who were medically fit for discharge but remained in acute services. System stakeholders worked together to consider discharge pathways; however, at the time of our inspections the number of patients awaiting discharge remained very high. Delays were still commonplace and capacity in community and social care services impacted on the ability of staff to safely discharge patients. Communication about discharge and discharge processes were impacting on the quality of transfers of care to social care services.

People living in social care setting experienced long delays, particularly when accessing 999 services. Although advice was provided, this had resulted in significant waits and poor outcome, especially for people who had fallen and remained on the floor. Staff working in social care services told us they had limited access to support and advice and relied on GPs, 111 or 999.

System wide collaboration, accountability and risk sharing needs to improve to alleviate pressure on key services in Leicester, Leicestershire and Rutland.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the service it provided.
- The provider was committed to developing the staff team and had introduced a dedicated on-site trainer at the service. Competency framework booklets had been developed for staff working in or working towards advanced roles.

Overall summary

- Although systems were in place for planning and monitoring the number and mix of staff needed, planned rotas were not always filled.
- The service had developed defined pathways for treatment of patients to provide consistency of care and reduce the burden on other organisations in the system.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were usually able to access advice and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Take action to address the recommendations in the infection prevention and control audit.
- Take action to improve staffing levels and met the requirements of the planned rotas.
- Discuss and agree an appropriate timescale for replacing privacy curtains in consultation rooms with the contracted domestic team.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team at Loughborough Urgent Care Centre was led by a CQC lead inspector. The team included a second CQC inspector, a CQC pharmacist and a nurse specialist adviser. A second inspection team lead by a CQC inspector, with a CQC inspection manager, second CQC inspector, CQC Deputy Chief Inspector for Primary and Integrated Care and GP specialist adviser, visited the administration centre at Fosse House, Leicester.

Background to Loughborough Urgent Care Centre

DHU Health Care C.I.C. (the registered provider), has been responsible for the Loughborough Urgent Care Centre since 11 August 2016. The centre provides assessment and treatment for urgent health conditions such as: minor burns and scalds, infections through to suspected broken bones, sprains and strains. The centre has x-ray services on site and is staffed primarily by advanced nurse practitioners, emergency care practitioners and doctors. The clinical

team are supported by receptionists and a management and administrative team.

There is parking outside the centre, including dedicated disabled spaces. There are public transport links nearby.

All care is provided on a ground floor centre located within Loughborough Hospital.

The centre is open 24 hours a day, 365 days a year and no appointment is required. The service operates from:

Hospital Way

Loughborough

Leicestershire

LE11 5JY

During the course of this inspection we visited Oadby Urgent Care Centre, as well as conducted part of the inspection at DHU's administrative centre at Fosse House, 6 Smith Way, Enderby, Leicester, LE19 1SX.

Inspected but not rated

Are services safe?

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 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff were supported by a local safeguarding link person as well as the DHU safeguarding team. Staff who acted as chaperones were trained for the role and had received a DBS check.
- Staff spoken with had a good understanding of safeguarding procedures and provided examples of safeguarding referrals that had been made. Staff accessed policies and procedures electronically and safeguarding referrals were made through the electronic patient record. Where staff had consent to view a patient's electronic record, they were able to access the patient's full health care record, including any safeguarding information.
- 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).
- The local management team told us that staff were up to date with their essential training. Recruitment of staff was managed centrally and there was a documented induction process in place.
- The unit had a dedicated trainer on-site to bridge the gap between the central training team and the unit. The provider was committed to developing the skills and knowledge of clinical staff. Three new work based competency tools covering a three year cycle had been developed for clinical practitioners on progression, advanced clinical practitioners / independent prescribers and trainee advanced clinical practitioners. These tools were structured, with reviews at three, six and twelve months, and could be individualised to meet the training needs of the clinician.
- The provider also recognised that clinical staff needed to be skilled in both minor illness and minor injury. A reference guide had been developed coving minor illness, with links to relevant guidance. A minor illness guide was currently under development and in the process of being peer reviewed.
- Competency assessments for non-registered staff and would be in place for health care assistants on completion of the foundation degree.
- There was a system to manage infection prevention and control. The urgent care centre was located in a building owned and managed by the local trust, who were responsible for the maintenance and upkeep of the building. The infection control audit undertaken in March 2022 had identified a number of areas requiring attention, for example, floor coverings, doors not closing properly and walls in need of repair. These issues had been reported to the trust for action. The audit also highlighted areas that required cleaning, for example, limescale build up on taps and areas with a build up of dust. These issues had been addressed internally. New chairs, couches and waste bins had also been ordered.
- We noted that the privacy curtains in room 19 had not been replaced since April 2021. This was discussed with the member of staff in the room at the time, who informed us that changing the curtains was the responsibility of the contracted domestic team.
- 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.

Inspected but not rated

Are services safe?

- The layout of the waiting area had been reconfigured to enable social distancing. Whenever possible, patients were asked to remain in their cars until seen by a clinician, with advise to contact reception should their condition deteriorate. The centre maintained a separate isolation room, which was accessed via a separate entrance.

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. There was an system in place for dealing with surges in demand. However clinical staff told us that planned rotas were not always filled and the service relied on agency staff to fill gaps where possible. This was supported when we reviewed the staffing rotas. Clinical staff told us they had concerns regarding overnight staffing, as there was no GP cover on site from midnight until 8am. They also said that occasionally, if a member of staff went off sick or the rota wasn't filled, they could be the only clinical member of staff on site, for example for a period of up to two hours after midnight, until another member of staff joined them. These concerns had been escalated to the senior management team. Staff said that when the centre was short staffed, they felt unsafe, particularly over night, and it caused increased anxiety and stress.
- Non clinical staff told us about the current challenges with staffing due to sickness. They told us that the provider was actively recruiting for additional staff but recognised that the recruitment process took time. The reception at the centre was staffed 24 hours a day with one member of staff, with an overlap during early afternoon to cover staff breaks.
- 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.
- The unit had a dedicated sepsis trolley and followed the same clinical pathway as the local emergency department. Patients identified during triage with potential sepsis had bloods taken, including those for blood cultures and were transferred to the local emergency department.
- Staff followed defined pathways for treatment to ensure consistency of care. For example, pathways for deep vein thrombosis / pulmonary embolism; chest pain; factored bones and high blood sugars. Referral pathways were also in place, should the patient need to be referred on to more appropriate service or secondary care.
- The national target was for pateints to be triaged within 15 minutes. However, staff told us that patients were usually triaged with 30 minutes of booking in at the centre. Reception staff were skilled at identifying patients who were unwell and needed to be triaged promptly and would alert clinical staff via a message sent through the electronic clinical system.
- Systems were in place to manage people who experienced long waits. When safe to do so following assessment, patients were advised to return the following day, i.e. for x-rays, and given a pre booked appointment time.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Staff told us they were able to send tasks to patients' GPs via their electronic patient record.

Inspected but not rated

Are services safe?

- 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 and vaccines, 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. The service employed pharmacy staff who conducted regular audits of prescribing and compliance with guidelines and supported clinical teams at the care centres. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. A limited number of patient group directions were in place. Signed paper copies were held on site in addition to the electronic copies held centrally.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Arrangements for supplying medicines to patients kept them safe.

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. Staff were supported by a central team who were available to log all significant events and support investigations when required.
- 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. Learning was shared with all staff via newsletters, emails and staff meetings.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider participated in multiple daily system wide calls to discuss the pressures within the system and identify any actions individual organisations could take to support the system to operate more effectively and efficiently.

Inspected but not rated

Are services effective?

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. The provider carried out a range of audits including reviewing the quality of clinical consultations, appropriateness of referrals to different services and the use of appropriate pathways.

A review of 50 referrals identified five instances where an inappropriate pathway had been followed, resulting in 4 referrals to the emergency department (ED) and one referral to 999 for a patient transfer. Possible explanations included difficulty accessing secondary care services in select groups of patents due to the bed bureau at the hospital redirecting patients to the ED when secondary specialities were full; not fully documenting the rationale for referral to ED when one exists; lack of awareness of the use of non urgent ambulance transport and lack of urgent treatment centre/clinic appointment availability resulting in patients either directed to ED or prefer to attend ED rather than attend Loughborough Urgent Care Centre. The provider hoped to reduce inappropriate referrals by providing feedback to individual clinicians.

Where appropriate clinicians took part in local and national improvement initiatives. The provider had recently undertaken a project involving partnership working with the Clinical Commissioning Group Transforming Care service, Leicestershire Partnership trust and East Midlands Ambulance Service to stream patients to the most appropriate service.

Patients had access to initial assessment, test results, diagnosis and treatment. We saw the most recent results for the service (April 2021 to January 2022) which showed the centre was performing, against specific indicators, in the following way:

- Since April 2021 88.1% of type 3 patients had been seen, treated and discharged within 4 hours.
- Since April 2021 99.6% of booked patients (face to face and telephone consultations) had been seen, treated and discharged within two hours of their appointment.
- The percentage of walk in patients receiving an initial assessment within 15 minutes of arrival for children and 20 minutes for adults showed a marked deterioration in performance from August 2021 onwards, although the performance had started to improve. This coincided with the relaxation of restrictions.
- For adults the percentage seen within 20 minutes ranged from 95.9% to 99.7% between April and July 2021, and between 20% and 46% between August and January 2022. The average over the 10 month period was 58.5%. For children the percentage seen within 15 minutes ranged from 95% to 99.6% between April and July 2021, and between 10.8% and 34.4% between August and January 2022. The average over the 10 month period was 51.7%.
- On average 79.1% of patients who attended the service were provided with a complete episode of care (77% of booked patients and 79.7% of walk in patients).
- On average 5% of patients who attended the service received an onward referral to acute care (5.7% of booked patients and 4.7% of walk in patients).

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. An electronic record of all consultations was sent to patients' own GPs.
- Patients received co-ordinated and person-centred care. Staff had access to information needed to plan and deliver care in a timely and accessible way through the electronic patient record system and the provider intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

Inspected but not rated

Are services effective?

- Staff had access to in house x-ray and blood testing equipment to assist with diagnosis and screening during the patient's visit to the centre. Clinicians could also request other tests through the hospital or laboratory to follow up later by the centre or the patient's own GP.
- Staff shared relevant information with other services in a timely manner, for example when patients were regularly attending the centre, or were referred to other services their registered GP would be informed for additional support and continuation of care.
- There were clear and effective arrangements for booking appointments. 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. Pathways were in place to refer patients to a range of services for support.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this. Advice leaflets were available for patients.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. The service communicated promptly with patients' registered GPs via the electronic patient record system when specific follow up action was required. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Inspected but not rated

Are services 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. Reception staff booked patients into the service and advised patients to report back if their condition deteriorated.
- We spoke with five patients during our visit although not all had been through the triage process. Comments received were positive about the service experienced so far.
- Independent patient satisfaction surveys were carried out on behalf of the provider. In the survey reported in November 2021 63% of the respondents rated their overall experience as very good or excellent. Positive comments included: very friendly, yet professional, attentive of the staff; supportive and very caring; and the nurse was, friendly, considerate and professional.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times. Consultation rooms were located away from the waiting areas so that conversations could not be overheard.
- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Chaperones were available, and we saw signs advising patients of the service.
- A second waiting area was available closer to the consultation rooms and this was used for patients awaiting tests.
- 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.

Inspected but not rated

Are services well-led?

Leadership capacity and capability

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

- The service was led by an experienced board of clinicians and non-clinicians who maintained an effective oversight of safety, performance, effectiveness and staffing.
- 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 constantly assessing service delivery to ensure that needs were met.
- Managers told us that they participated in multiple daily system wide calls to discuss the pressures within the system and seek solutions to support the system to operate as efficiently as possible.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff reported that their direct managers were approachable and that they felt listened to and valued. They told us they would have no hesitation speaking with them if they had any concerns.
- Senior management was accessible throughout the operational period, with an on-call system that staff were able to use. Managers told us that escalation cards had been developed, to reduce the misunderstanding between the on-call managers located in the administration centre at Fosse House and the urgent care centres, when services were seeking support. However, staff told us that occasions it could be difficult to access staff at Fosse House.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. There were specialist teams on hand to support the centre manager, clinical lead and staff when required, such as the medicines management team or safeguarding team.

Culture.

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

- Staff we spoke with felt respected, supported and valued. They were proud to work for the service.
- The provider had become aware of an increase in mental health issues amongst their staff and had acted positively to this challenge and general well-being.
- They had put into a place a suite of measures to support their own staff's physical and mental health. This included flu vaccinations at the place of work, physical health checks, health promotion advice, access to counselling and psychotherapy. Staff had access to private healthcare services.
- The service focused on the needs of patients. Staff reported that effective, safe interactions with patients were at the heart of everything they did.
- 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. Staff told us the provider operated a no blame culture. Incidents and complaints were used as a learning opportunity, and the provider was supportive of the staff involved. 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. We were aware of concerns raised by staff that had been appropriately addressed by the provider.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Registered staff told us opportunities were available to develop through the advanced clinical practitioner pathway, and non registered staff were offered the opportunity to study for the foundation degree. The health care assistants had also developed their skills and knowledge so they were able to carry out a range tests to assist with the care of patients.

Inspected but not rated

Are services well-led?

- The service had a dedicated urgent care centre trainer, to bridge the gap between the central training team and the centre. This member of staff was in the process of restructuring to assessment of staff competency, to ensure all staff were training to the highest level, regardless of their role, qualification or current training pathway. Three different competency booklets had been developed for registered practitioners linked to their existing level of expertise and development pathway. These were based on a three year road map of development. Competency assessments were also being developed for non-registered staff.
- Staff told us the level of acuity of patients attending the centre had increased, and staff were seeing patients with a range of minor injuries as well as minor illness. Managers recognised that each member of clinical staff had a different skill set that may not cover both injuries and illness. As a consequence a minor illness reference booklet, with links to best practice guidance had been developed and was available to staff. A minor injuries booklet had been developed and was undergoing peer review, prior to sharing with staff.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- 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.
- There was strong leadership at the top of the organisation with a Board comprised of directors with wide ranging and diverse backgrounds and experience.
- The governance structure with its various reporting committees and reporting process ensured that effective oversight was maintained, but was agile enough to react to demand and changing circumstances.
- Lines of accountability and reporting were clear and unequivocal.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Leaders had established effective policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider used Data Security & Protection Toolkit to affirm to its stakeholders that they met the national Data Security Standards.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had effective processes to provide oversight and manage current and future performance of the service.
- Performance of clinical staff (salaried and agency) could be demonstrated through audits of individual clinicians consultations. Any areas for improvement were discussed with the individual clinician and a development plan agreed and implemented. Any decision to stop using an agency member of staff was discussed at the clinical decision committee to ensure decision making was fair and transparent.
- Leaders had effective oversight of incidents and complaints.
- Leaders also had a good understanding of service performance against the national and local key performance indicators.

Inspected but not rated

Are services well-led?

- Performance was regularly discussed at senior management and board level. Leaders were open about performance and shared information with staff and the commissioning Clinical Commissioning Group as part of contract monitoring arrangements.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.