

Westcotes Health 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?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive focused inspection at Westcotes Health Centre on 4 March 2020. The inspection was part of our inspection programme. The service had not been previously inspected.

At this inspection we found:

- The service had good systems to ensure patients received safe and effective care and treatment.
- There was an effective system to identify and help safeguard people from abuse.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The joint users of premises and NHS Property Services did not always liaise effectively or give the necessary assurances regarding premises despite the best efforts of the provider.

- Although patient feedback gathered by the provider was positive, it represented a very small percentage of patient contacts and was conducted using only the Family and Friends test which did not provide either qualitative or quantitative feedback which the provider would be able to consider and use to improve services.
- Feedback we received through CQC comment cards demonstrated a high level of patient satisfaction with the service provided.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Staff expressed positive views on the service and managers.
- The governance structure provided essential oversight of performance and clinical effectiveness.

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

- Improve their process and systems for monitoring service level agreements and joint working arrangements with other healthcare providers where DHU used facilities used by another. This included health and safety and risk assessments on environmental matters.
- Undertake a review of their process of chaperoning at sites where the sole receptionist was required to perform the duty to ensure it posed no risk to either waiting patients or security.
- Implement an effective system to gather feedback on their services from patients and carers.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a further

CQC inspector, a GP specialist advisor, a practice manager specialist advisor and a nurse specialist advisor.

Background to Westcotes Health Centre

DHU Health Care C.I.C. is a community interest company. The company has a strong presence in Leicester, Leicestershire and Rutland which includes the provision of urgent care and walk in centres, GP practices, GP out-of-hours services, a 24 hours a day, seven days a week home visiting service, community nursing, GP extended access hubs, hospital front door streaming services, a 24 hours a day, seven days a week clinical navigation hub and NHS111.

DHU provide all five tiers of urgent care in Leicester City, Leicestershire and Rutland, from Tier 0 general practice through to Tier 4 streaming at Leicester Royal Infirmary where clinicians working within the Emergency Department Streaming Service provide initial rapid assessment of patients. They determine the severity and the patient's presenting complaint and then transfer the patient to the most appropriate department, service or specialism within United Hospitals Leicester or to Primary Care services.

DHU has a total of 564,000 patient contacts annually across the county, excluding NHS111 contacts.

DHU Health Care C.I.C. is commissioned by the three clinical commissioning groups in Leicestershire, Rutland and Leicester City to provide integrated urgent care services from four hubs at;

- Westcotes Health Centre, Fosse Road South, Leicester, LE3 0LP. There are three satellite care centres at;
- Belgrave Healthcare Hub, Belgrave Health Centre, 52 Brandon Street, Leicester, LE4 6AW
- Saffron Health Centre, 509 Saffron Lane, Leicester, LE2 6UL
- The Merlyn Vaz Health and Social Care Centre, 1 Spinney Hill Road, Leicester, LE5 3GH

All four hubs offered urgent on the day appointments with GPs, advanced nurse practitioners, nurse practitioners and extended care practitioners.

All four hubs provide GP extended hours hubs and core hours GP appointments for approximately 330,000 patients registered with the 53 GP practices within NHS Leicester City Clinical Commissioning Group.

Additionally, the Merlyn Vaz Health and Social Care Centre is also available for pre-booked and walk-in services to patients from across all 3 CCG areas of Leicester City, Leicestershire and Rutland.

The four sites have approximately 96,000 patients contacts per annum.

The care centres are variously staffed by GPs, nurse practitioners, nurses and reception staff. About 80% of the staff are part-time and many work for other health care providers in addition to DHU. Other staff employed elsewhere across DHU also work in this service.

During this inspection we visited Westcotes Health Centre and Saffron Health Centre. In addition, we conducted part of the inspection at DHU's administrative centre at Fosse House, 6 Smith Way, Enderby, Leicester, LE19 1SX.

DHU Health Care C.I.C. is registered with CQC to provide the regulated activities of;

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The 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. Staff told us that when a new member of staff first presented at a care centre, they were provided with a local induction which included such things as fire and health and safety advice. This was in addition to their induction provided as part of the on-boarding.
- 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.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- We spoke with one receptionist who told us that they had been required to act as a chaperone on three occasions during their current shift. Whilst undertaking the duty the reception area was left unattended with a sign stating that the receptionist would return in due course. This meant that the reception area was left unattended, possibly with waiting patients, however was no evidence that this had resulted in any unauthorised access to DHU systems or property. Staff told us that the demand for chaperoning varied

considerably across sites and reflected cultural differences. The provider should review their process to assure themselves that this practice does not pose a risk to either patients or security.

- There was an effective system to manage infection prevention and control. There was a dedicated infection prevention and control member of staff who had a documented and effective work process that ensured that all the care centres received appropriate infection prevention and control audit and follow-up.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- Where premises and equipment were shared with other health care providers appropriate service level agreements were in place. However, we found that the systems and process for monitoring and oversight were not always effective, for example in respect of some risk assessments. We saw written evidence that the provider had made every effort to engage with these other providers and NHS Property Services, but the response had been disappointing. They assured us that given the lack of suitable responses they would escalate the matter to the commissioner of the services in an effort to reach a resolution.
- At Westcotes Health Centre, looped window blind cords had not been secured to prevent accidental choking by children.
- There were systems for safely managing healthcare waste.

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. Rotas were released three months in advance, initially to substantive and sessional clinicians, before available shifts were subsequently sent to existing agencies. There was a dedicated Workforce Team working across DHU Leicester, Leicestershire and Rutland services, managing the booking of rotas, working with strong oversight and links into both the Clinical and Operational teams. Data showed that rota fulfilment consistently exceeded 96% which provided sufficient workforce capacity to meet patient demand (as all available appointments were not always filled). We

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spoke with three members of the Workforce Team who explained that as result of DHU holding multiple contracts across Leicester, Leicestershire and Rutland they had access to a significant pool of resource and options in terms of review and redeployment to ensure that rotas were filled. This provided much greater resilience than if this contract was the only DHU contract within the locality.

- Each evening a workforce handover document was produced and issued to the “live” service overseen at Fosse House by a Shift Supervisor and Clinical Lead. Should short notice cancellations occur these personnel would seek to resolve them immediately.
- Urgent texts could be issued through the on-line rota system requesting support.
- There was a process of escalation to silver “on-call” managers should the issue be considered significant in line with the Business Continuity Plan.
- 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. We saw that coloured posters displaying the standard operating procedure to be followed were clearly displayed in the reception areas.
- In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits, although staff we spoke with at the urgent care centres told us that the number of people waiting for treatment had reduced dramatically since the appointment system had been revised.
- 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. Information needed to deliver safe care and treatment was available to relevant staff in an accessible way. For those patients whose own surgeries did not use the SystmOne clinical system, staff relied upon the summary care record that was visible to

them and obtaining a history from the patient. Staff we spoke with at Saffron Health Centre told us that this applied to approximately 10% of patients who attended there.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The service employed a clinical pharmacist whose role was to conduct regular audits of clinician prescribing practice.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Patient group directions were in place and accessible to staff at all the care centres we visited. The provider held the signed versions centrally as staff often worked across multiple sites.
- The provider had a programme of ongoing medicines audit that were carried out by the clinical pharmacist. These included audits in the prescribing of over the counter medicines, Co-amoxiclav, cephalosporins and quinolones, controlled drugs and anti-bacterials.
- The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. The provider had carried out an audit of trimethoprim and nitrofurantoin usage across the hubs in January 2020. The audit concluded that there was good adherence to the current guidelines with regards the treatment of urinary tract infections. The audit was seen as a starting point for the future reporting on the prescribing of these medicines.
- The provider reviewed the prescribing of anti-biotics quarterly. We viewed the results of the September 2019 and January 2020 audits and found that prescribing

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within the Leicestershire Medicines Strategy Group guidelines had improved but the provider had acknowledged that there was further work to be done to drive home the message to clinicians regarding appropriate prescribing practice.

- Processes were in place for checking medicines and staff kept accurate records of medicines.
- For those patients using the GP extended hours service their health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The service had a good safety record.

- Although there were comprehensive risk assessments in relation to safety issues, we noted that the provider had not identified the risk posed from looped blind cords in patient waiting areas and other rooms to which patients and/or children might have access. We noted however that in the premises we visited receptionists had a clear view of waiting patients.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety and MHRA alerts. Clinicians we spoke with confirmed they received them via the provider intranet.
- Joint reviews of incidents were carried out with partner organisations, including local A&E department, GP out-of-hours, NHS 111 service and urgent care services.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. One significant event had been recorded. However there had been multiple events that the provider classified as 'learning events' that did not meet the threshold of being recorded as significant events. The service had mechanisms in place to learn lessons and identify themes from these events and acted to improve safety in the service should they occur. The provider policy on recording and acting on significant events was in line with the NHS National Reporting and Learning Service guidelines.
- 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 took part in end to end reviews with other organisations. Learning was used to make improvements to the service.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed through regular audit of a sample of all clinicians practice, which included agency clinicians. We saw records that confirmed this and agency staff we spoke with told us they had three monthly audits of their clinical practice. Clinical updates that included changes to NICE guidance were sent to all clinicians and were available on the provider's intranet that clinicians were asked to check at the beginning of every shift.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment were delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

Patients had timely access to initial assessment, diagnosis and treatment.

The service used key performance indicators (KPIs) that had been agreed with the commissioners of the service to monitor their performance and improve outcomes for people. The service shared with us the performance data from April 2019 to December 2019 that showed:

- The percentage of patients seen, treated and discharged within one hour at Saffron Health Centre, Westcotes Health Centre and Saffron Health Centre varied between 97.4% and 99% for the period 1 April 2019 to 31 December 2019. The KPI was 95%.

- The percentage of patients seen, treated and discharged from Merlyn Vaz Health and Social Care Centre varied between 99.5% and 100% every month. The KPI was 95%.
 - The percentage of patients that were seen, treated and discharged with no further healthcare input required averaged 92.7% during the specified period. The KPI was 90%.
 - The percentage of patients that were referred either to an emergency department or direct admission to secondary care ranged from 1.7% to 3.4% during the specified period. The KPI was 3%.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality for example, through the provider's programme of medicines audit.
 - The service was actively involved in quality improvement activity, for example the provider was taking part in service developments such as direct booking into the hubs from on scene ambulance crews and deflection of patients from emergency departments with direct booking of patients into the hubs.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as corporate induction and the provider's mandatory training which included infection prevention and control, information governance, safeguarding of children and adults, fire safety and health and safety. Where staff had been transferred from another service, they accepted proof of their training undertaken with their previous provider but ensured that the member of staff completed DHU training within 12 months.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Staff told us that if they completed their on-line training from home the provider paid them for the hours worked.

Are services effective?

- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We were provided with examples of the provider dealing with staff sub-optimal performance.
- The service had formalised systems with the NHS 111 service, also a DHU service, with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.
- The service ensured that care was delivered in a coordinated way and considered the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments. Staff were empowered to make direct referrals and or appointments for patients with other services.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services or when they were referred to secondary care.
- Staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- In respect of two week wait cancer referrals, the provider sent a task to the patient's own GP to arrange any necessary blood tests which provided a better patient experience.
- 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.

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.

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their usual GP practice so additional support could be given.
- Where patient needs could not be met by the service, staff redirected them to the appropriate service for their needs for example to secondary care.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.
- The provider monitored the process for seeking consent appropriately. There was a systematic approach to reviewing a percentage of clinical consultations every month.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as those who had mental health needs.
- Of the 33 Care Quality Commission comment cards we received, 32 were positive about the quality of service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the service. The one negative comment card concerned the lack of a drinking water fountain at The Merlyn Vaz Health and Social Care Centre.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- During our inspection we saw how a receptionist dealt with a couple with a baby who were French speaking. The staff member dealt with them with tact and understanding and explained that they had come to the wrong part of the building for their healthcare needs, re-directing them appropriately.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff always respected confidentiality.
- 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 decide.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified.
- The provider improved services where possible in response to unmet needs through a range of appointment times outside of core GP hours.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service was responsive to the needs of people in vulnerable circumstances.

Timely access to the service

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

- Westcotes Health Centre, Fosse Road South, Leicester, LE3 0LP from 8am to 8pm, 365 days a year.
- Belgrave Healthcare Hub, Belgrave Health Centre, 52 Brandon Street, Leicester, LE4 6AW

from 6.30pm to 8pm Monday to Friday and 12noon to 8pm on Saturday, Sunday and bank holidays.

- Saffron Health Centre, 509 Saffron Lane, Leicester, LE2 6UL from 6.30pm to 10pm Monday to Friday and 12noon to 10pm at weekends and bank holidays.
- The Merlyn Vaz Health and Social Care Centre, 1 Spinney Hill Road, Leicester, LE5 3GH

from 8am to 8pm, 365 days a year.

- Patients could access the service either as a walk-in patient, (at Merlyn Vaz only) via the NHS 111 service or

by referral from a healthcare professional. Patients who were using the GP extended access provision were required to book an appointment through their own GP practice.

- All four sites had direct access booking for NHS111 patients that had a disposition of a face to face appointment with an urgent need. GP Practices could also directly book patients into the sites.
- This allowed for a fixed appointment time for the patient to attend. The provider informed us that the 'did not attend' rate was, in their opinion, surprisingly high at around 12%. Although the rate was comparable with similar services, they were undertaking work to understand the reasoning behind patients not attending for appointments which were in many cases booked shortly before they were due to attend.
- Patients using the walk-in service at Merlyn Vaz were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need, ensuring serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response which was clearly displayed in reception areas. Where patients turned up at the other three hubs without a pre-booked appointment, they were advised to call NHS111, unless there was a clinical need that dictated that they were seen immediately.
- Data showed that at Merlyn Vaz Health and Social Care Centre 25% of consultations were with walk-in patients whereas at the other three hubs it was 0.5% due to walk-in services not being commissioned at these sites.
- Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for treatment there were arrangements in place to manage the waiting list and to support people while they waited.
- Observations during our visit indicated that the system worked well. There were very few people waiting for treatment. Arriving patients were booked into the system by the receptionist and seen expeditiously.
- All staff that we spoke with told us that the appointment system worked very well with a mix of walk-in patients, pre-booked GP extended access and appointments booked through NHS111. When all appointment slots at a particular care centre had been filled, reception staff

Are services responsive to people's needs?

could directly access other sites appointment schedules and book patients into it if that was their wish. Feedback on the CQC comments cards we received expressed satisfaction with the system.

- Staff told us that this system had dramatically reduced the numbers of patients waiting for treatment as they could manage the system better and it enabled them to advise patients when they were likely to be seen, thus allowing them to go away and come back nearer their appointment time. Our observation of the waiting rooms supported this proposition. Patients arrived and were seen near to their appointment times, with few patients waiting.
- Receptionists informed patients about anticipated waiting times.
- The service engaged with people who were in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services, for example through accessible waiting and clinical rooms and translation services.
- Patients with the most urgent needs had their care and treatment prioritised.

- Where a patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 20 complaints had been received from January 2019 to January 2020. We reviewed a sample of the complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.

Are services well-led?

We rated the service as good for leadership.

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.
- 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 executives and senior management were visible across the organisation and said they would have no hesitation in speaking with them if they had concerns.
- Staff we spoke with at three of the four urgent care centres expressed positive views about the management. Staff at the two hubs we visited told us that they regularly saw senior managers, including at weekends.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The vision and values were clearly displayed and their strap line, 'We CARE for you' was evident throughout.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff we spoke with were clear of their part in upholding and supporting the values.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values through the monthly newsletter and information posted on the provider's intranet.

Culture

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

- Staff felt respected, supported and valued. Staff we spoke with said they were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff as the view was expressed that a happy and healthy workforce helped deliver a high-quality service to patients. For example, we saw how the provider had invested in improving the workplace environment at Fosse House, resulting in a

Are services well-led?

much lighter and airier place to work. Staff had raised the need for dual screens at workstations and for riser desks for those who preferred to stand when working. Both had been provided.

- In keeping with their commitment to staff welfare, there was now a quiet room for staff and a well-equipped canteen/kitchen area.
- Acting on requests from staff they had also provided a microwave oven solely for the use of staff who were vegan or vegetarians.
- Staff could access free counselling and were provided with mental health awareness training which included advice on mental health, well-being and managing stress.
- 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 we spoke with 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 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 a Data Security & Protection Toolkit to affirm to its stakeholders that they met the national Data Security Standards.
- We witnessed that receptionists at the hubs we visited always removed their NHS Smart Cards from their computer when it was left unattended.

Managing risks, issues and performance

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

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, we found that the systems had not been entirely effective in dealing with issues where premises were shared with other healthcare providers. We were provided with evidence which showed that the provider had repeatedly made efforts to work with these other organisations, including NHS Property Services, but that the other parties had not responded expeditiously or positively.
- The provider had effective processes to provide oversight and manage current and future performance of the service.
- Leaders had effective oversight of serious events, learning incidents and complaints.
- Leaders also had a good understanding of service performance against the local key performance indicators.
- Performance was regularly discussed at senior management and board level. Leaders were open about performance and shared information with staff and the local CCG as part of contract monitoring arrangements.
- The providers had plans in place for major incidents. The business continuity plan met the requirements of ISO 223011.
- 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.
- Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Leaders had oversight of MHRA alerts, incidents, and complaints.
- Incidents, significant incidents and complaints were discussed and presented as required at the monthly Clinical Governance Committee.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients through analysis of complaints and learning incidents.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. The provider met monthly with the commissioners of the services to discuss performance and other issues affecting the service.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the board meeting always started with a presentation of a patient story, sometimes positive, sometimes not. We were provided with such a positive example relating to the diagnosis and treatment of a baby, who presented at Westcotes Health Centre.
- Staff were able to describe to us the systems in place to give feedback. The provider held a monthly staff forum which comprised of staff from across the provider's services. The forum was predominantly concerned with issues affecting staff and staff welfare and well-being. We spoke with a member of the forum who told us that it was an opportunity for open and frank discussions without fear of reprimand.
- Staff views on the delivery of the service could be discussed at the clinical operation meeting which met monthly. An action log was created as a result. An example of the work of this group was a suggestion from

a clinical service lead which involved a better process of non-medical clinicians. This entailed them improving and developing their skills set through improved mentorship and supervision and attendance at university for specific health modules to allow them to reach advanced practitioner level.

- Staff who worked remotely were engaged and able to provide feedback through regular meetings with supervisors and the staff survey. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.
- We found the provider had limited methods of obtaining patient feedback. The provider was unable to utilise its preferred method of obtaining patient feedback through an external company, as the version of the clinical system in use in Leicester City was incompatible with the company's systems.
- Although the provider gathered feedback regarding the four hubs through the Friends and Family Test, the results only told the provider if they the scores were better or worse than the previous month. The numbers of patients taking part in the test were small as a proportion of patient contacts, typically 60 to 80 per month, when the service was achieving 6,000 to 6,500 patient contacts monthly. The survey contained no detail as to how the service was improving or what it could do to improve.
- We were aware that a telephone texting system of gathering feedback had been suggested by managers at local level but had not approved by the DHU board. There were no other proposals.
- There were no NHS Choices comments for the four hubs. The pages had not been set up at the request of the commissioners due to the complexity of the services provided across the sites by differing providers and the view that patient feedback through this gateway may not truly reflect upon the service provider.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement at all levels within the service. The provider encouraged staff to gain experience and skills by working in the differing aspects of DHU's healthcare activities, if that was their choice.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, the provider had acted positively and quickly to meet a request by the local healthcare services to undertake Coronavirus testing.
- The skills and systems available from within the provider organisation supported improvement and innovation work.