Stellar Healthcare

Inspection report

Building One, Spencer Close
St Margaret's Hospital, The Plain
Epping
CM16 6TN
Tel:

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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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Stellar Healthcare as part of our inspection programme.

Stellar Healthcare provides regulated activities at seven sites throughout Essex. We did not visit any other of these sites as part of this inspection. This was the first inspection undertaken at this service.

The chief operating officer is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- Procedures to make safe recruitment decisions required strengthening.
- Not all staff had received appropriate levels of safeguard training.
- The service was not equipped to deal with medical emergencies.
- The service did not always undertake risk assessments in relation to safety issues.
- Not all staff knew how to raise concerns and report incidents and near misses.
- There was limited evidence that the service assured the competence of staff employed in additional roles.
- There were inconsistencies in the approach to ensure consent to care and treatment had been considered.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Information about services and how to complain was available.
- The service was aware of and complied with the requirements of the Duty of Candour.
- Patients had been offered flexibility, choice and continuity of care during the COVID-19 pandemic.
- The service organised and delivered services to meet patients' needs.
- There were gaps in processes to manage risk, issues and performance.
- There was a focus on continuous learning and improvement.

The areas where the provider should make improvements are:

- Strengthen systems and processes in place to ensure recruitment checks are carried out in accordance with regulations.
- Ensure there is an effective system in place for the provision and monitoring of emergency medicines and equipment, in the event of a medical emergency.

Overall summary

- Strengthen the system in place to monitor staff training appropriate to their role, including safeguarding.
- Review systems in place to identify and record identified risks, including risk assessment.
- Formalise the process of assessing parental authority as part of the consent process.
- Establish a programme of medicines audits to ensure staff are practicing in line with current guidance.

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 CQC Inspection Manager and a specialist adviser.

Background to Stellar Healthcare

Stellar Healthcare Limited is a limited company with Community interest Company (CiC) articles made up of 21 member practices in Epping Forest and Harlow.

Stellar Healthcare Limited has two locations from which regulated activities are provided. This inspection was undertaken at the location known as Stellar Healthcare.

Stellar Healthcare is commissioned to deliver a range of NHS funded services to the locality of Epping Forest and Harlow and Chelmsford and services are provided at seven satellite sites at the following locations: Nuffield House Doctors Surgery, Harlow; Traps Hill Surgery, Loughton; The Limes Medical Centre, Epping; Ongar War Memorial Centre, Ongar; Kings Medical Centre, Buckhurst Hill, The Hamilton Practice, Harlow . Stellar Healthcare work with local commissioning groups, NHS England and other organisations. It provides NHS services only.

Services provided on behalf of the NHS include dermatology, ophthalmology, orthopaedic, rheumatology and musculoskeletal (MSK) interface services, GP at the front door service, central referral service and extended hours. In addition, they support the additional roles reimbursement scheme (ARRS) for a local Primary Care Network (PCN), assisting with recruitment, induction and education and development needs.

Stellar Healthcare operates from the headquarters at: Building One, Spencer Close, St Margaret's Hospital, The Plain, Epping, Essex, CM16 6TN.

The service is led by a chief operating officer and a board of directors who coordinate a team of up to 50 administrative and clinical staff. Clinical staff include GPs and GPs with specialist interest (GPwSI), clinical pharmacists, practice nurses, emergency and extended care practitioners and health care assistants.

Stellar Healthcare rents clinical and office space across seven GP practice satellite locations and Broomfield Hospital. They provide clinical services close to the patient population which reduces the need for patients to visit large acute hospitals in the locality.

The service operates from

- 8.30am to 5pm Monday to Friday
- 8.30pm to 9.30pm Thursdays
- 8am to 8pm on Saturdays

Stellar Healthcare Limited operates administrative services from this location only. This location and Sydenham House were visited as part of the inspection of all locations registered to Stellar Healthcare Limited.

The website is www.stellarhealthcare.net

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

- We identified a number of safety concerns that were rectified soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care were minor.
- Not all staff had received appropriate levels of safeguard training. Some staff were not aware how to report incidents and near misses.
- We found gaps in the provision of equipment to deal with medical emergencies at one location.
- We saw a limited range of safety risk assessments to ensure a safe working environment.
- The procedures to make safe recruitment decisions required strengthening.

Safety systems and processes

The systems to keep people safe and safeguarded from abuse required strengthening.

- The service had systems to safeguard children and vulnerable adults from abuse but these required strengthening.
- The service worked with other agencies to support patients and protect them from neglect and abuse. For example, information regarding any safeguarding concerns was accessible in the patient computer record system. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service did not always carry out the required staff checks at the time of recruitment and on an ongoing basis where appropriate. We reviewed electronic personnel files for employed staff. We could not see evidence that all the necessary Disclosure and Barring Service (DBS) checks had been completed for one member of staff prior to commencing active employment and we could not see evidence of a risk assessment in place for this individual. 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. Following the inspection, staff provided assurances that DBS checks had been completed and the provider had put an action plan in place to ensure in future all checks were carried out in line with the local DBS policy.
- Safeguarding and safety training appropriate to staff roles required strengthening. During the inspection staff we spoke to knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. However, on the day of the inspection we identified that training had expired for one member of staff and that not all staff had the level of training in line with national guidance. The provider informed us after the inspection that training had been completed before any additional shifts were scheduled.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Safety risk assessments were conducted and appropriate safety policies, which were regularly reviewed and communicated to staff were in place. They outlined clearly who to go to for further guidance. The provider had identified a number of areas for improvement , for example fire safety systems. Staff received safety information from the service as part of their induction and refresher training.
- There was an effective system to manage infection prevention and control (IPC), supported by the local Clinical Commissioning Group. This was monitored from the service's head office and annual IPC audits were conducted. Policies had been reviewed in line with national recommendations during the COVID-19 pandemic, for example additional IPC measures included the use of personal protective equipment (PPE) and allocated time between patients for clinicians to clean workspaces. After the inspection the provider shared documentation confirming risk assessments, including legionella, had been undertaken.

Requires Improvement

Are services safe?

- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The service carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.
- There were arrangements for planning and monitoring the number and mix of staff needed. The service had systems in place to review appointment and referral processes.
- The service had coordinated care with local GP practices to provide extended access appointments to the local population and had supported the coordination of a local hot hub clinic during the COVID-19 pandemic.
- The service provided a joint assessment and treatment model, facilitating and delivering a primary care led services withing an emergency care setting. This service was subcontracted by Integrated Care 24 (IC24).
- There was an effective induction system for agency 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.
- We found gaps in providing required equipment to deal with medical emergencies at one location. The service did not have sufficient arrangements in place to check the working status of the defibrillator, and when tested the defibrillator battery pack did not work. The service did not have a replacement battery pack on site. The service took immediate action after the inspection and had ordered a battery pack to mitigate the risk and provided us with evidence that this had been actioned.
- Staff told us there was no oxygen on site. Oxygen is required as a minimum suggested equipment to support Cardiopulmonary resuscitation (CPR) in primary care settings. The decision to remove oxygen from the site had been taken during the COVID-19 pandemic. The service had not undertaken a risk assessment to review this decision when the service provision had altered at the location. The service took immediate action to ensure oxygen was available and had an action plan going forward to mitigate future risks.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover potential liabilities.

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 access to patients' clinical records through the clinical computing system used by the individual GP practices.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, patient's registered GPs were routinely contacted following treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Referral processes were tailored to individual specialties.

Safe and appropriate use of medicines

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

- The service sought assurances from the different locations that systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.

Requires Improvement

Are services safe?

- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.
- The service was supported by the local CCG with training and guidance for the Primary Care Network (PCN) pharmacists.
- Staff followed local antibiotics prescribing guidance and templates. Staff told us there was a system in place for escalating any prescribing concerns.

Track record on safety and incidents

- We identified that there were gaps in risk assessments in relation to safety issues. This applied to locations where services were provided. For example, we saw that risk assessments had not been completed at a specific location when the service provided at this location had changed. We saw evidence of a range of assessments including premises and equipment and legionella had been completed at the head office.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts. The Quality and Effectiveness Director was responsible for ensuring appropriate actions had been completed in response to safety alerts.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Not all staff we spoke to knew how to raise concerns and report incidents and near misses. However, leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, incidents were logged when patients had attended for appointments that had not been scheduled on the system. The service had put systems in place to send text alerts to patients in addition to appointment letters.
- The service was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Good

Are services effective?

We rated effective as Good because:

- The service reviewed and monitored care and treatment to ensure it provided effective services.
- The provider had systems to keep clinicians up to date with current evidence based practice.
- Although there was evidence of clinical audit the practice would benefit from taking medicine audit in order to demonstrate effective and safe prescribing.
- There was limited evidence that the service assured the competence of staff employed in additional roles.
- The system for obtaining consent required improvement.

The service reviewed and monitored care and treatment to ensure it provided effective services and staff had not always received training appropriate to their roles.

- Staff did not always have skills, knowledge and experience to deliver effective care and treatment. They assessed needs and delivered care in line with current evidence based guidance. For example, not all staff had undertaken safeguarding training appropriate to staff roles.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- The service provided regular educational sessions for staff.
- We saw no evidence of discrimination when making care and treatment decisions.
- Performance was monitored by the local clinical commissioning group (CCG) and no issues had been identified.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. However, there was limited evidence of a programme of targeted quality improvement. There was evidence of actions to resolve concerns and improve quality. However, we did not see evidence of medicines audits in place to ensure staff were practicing in line with current guidance.
- We saw evidence of regular monitoring systems in place with external stakeholders to ensure care was delivered in line local priorities.

Effective staffing

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

Good

Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC) and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- We saw limited evidence that the service assured themselves of the competence of staff employed in additional roles by other organisations, for example non-medical prescribers .

Coordinating patient care and information sharing

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

- There was a documented approach to the management of test results and evidence of audits undertaken to measure effectiveness. Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. Clinical staff communicated with the patients' usual GP service via a system of notes on the patient's online record, accessible from their IT system.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Clinicians were able, with consent, to access the patient's records held by their usual GP.
- The service had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with General Medical Council guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Care and treatment for patient in vulnerable circumstances was usually completed by the patient's usual GP.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. The service shared identified risks with the patient's GP practice, by sending an electronic task via a shared IT system.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service did not always obtain consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.

Good

Are services effective?

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. However, we did not see evidence of a formal system in place which provided assurance that an adult accompanying a child had parental authority. The provider told us that the consent process was undertaken by the patient's own GP but was not able to provide evidence of a formalised system in place.

Good

Are services caring?

We rated caring as Good because:

- The service sought feedback on the quality of clinical care patients received.
- Staff protected patient's privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received from several difference feedback sources. One method was a rating system based on patient's willingness to recommend the service they had received.
- 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.

Involvement in decisions about care and treatment

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

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

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Good

Are services responsive to people's needs?

We rated responsive as Good because:

- The service organised and delivered services to meet patients' needs. The service understood its patient profile and had used this to meet their needs.
- Staff told us that patients were offered flexibility, choice and continuity of care during the COVID-19 pandemic.
- There were short waiting times for appointments, patients were given a full explanation of any treatment undertaken.

Responding to and meeting people's needs

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

- The service understood the needs of their patients and improved services in response to those needs. The service worked with local clinical commissioning groups and NHS Trusts.
- The facilities and premises were appropriate for the services delivered.
- The service demonstrated that they understood the needs of the local health community and had used this understanding to fill health care gaps, support additional service and meet patient's needs.
- Patients were offered flexibility, choice and continuity of care during the COVID-19 pandemic, for example the provider introduced a tele dermatology service and had trained local GP's in dermoscopy.

The service provided care and treatment from clinical staff across various locations. These services included:

- GP at the Front door service at the Emergency Department at Broomfield Hospital, Chelmsford, a treatment pathway for primary care appropriate conditions to be managed outside of the emergency department.
- A range of consultations with General Practioners with special interest (GPwSI) in Ophthalmology, Dermatology, Rheumatology and Gastroenterology.
- iMSK (Musculo Skeletal) Triage service in Rheumatology and Orthopaedics triaging referrals to secondary care or community care and direct patients to the most appropriate treatment pathway, including rejecting inappropriate referrals and returning referrals to the referrer with advice.
- Central referral service triaging routine and urgent GP referrals, offering a range of community based services led by GPwSI, administering the inter-practice referral process for the minor surgery local enhances services- including vasectomy services, clinical triage of GP referrals and administration of minor surgery, vasectomy, gastroenterology referrals and direct access scopes,
- Regular extended hours service to four Primary Care Networks (PCNs)
- Managing the Additional Roles Reimbursement Scheme (ARRS) for Harlow PCN made up of six practices that work collaboratively to provide comprehensive patient care. Stellar Healthcare support the PCN employing and managing ARRS roles.

The service also provided and was involved in additional services and projects. For example, the service had provided administrative support during the COVID-19 pandemic to local practices.

- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the services had adjusted to font size used in standard letters sent to patient referred to the ophthalmology service following patient feedback.
- The website for the service contained information on services available to local people in Epping Forest and Harlow.
- We saw that the service included photos within referral letters to assist patients in understanding where they needed to attend for their appointment.

Good

Are services responsive to people's needs?

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service had worked to reduce waiting times which had increased in some areas, due to the COVID-19 pandemic.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. Patient consent was sought so that data sharing through computer systems was allowed when a patient was receiving treatment from the service. This allowed the service to access patient records held by other services and update them based on treatment given.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. Complaints were analysed for themes and action taken to improve the service; information was shared with the local Clinical Commissioning Group (CCG) on a regular basis.
- We saw that learning from incidents and complaints was a standard agenda item in team meetings.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

- We found gaps in policies, procedures and activities to ensure safety and the management of risks.
- We saw limited evidence of a system in place to manage current and future performance, including auditing and competency checks in place for staff.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Requires Improvement

Are services well-led?

- 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, although some improvements were required.

- Most 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.
- We found however, that some governance systems were not effective and required more oversight to ensure the safety of patients.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to support safety however we saw that these were not always used consistently across all specialities.

Managing risks, issues and performance

There were processes for managing risks, issues and performance, however this required strengthening.

- We found gaps in policies, procedures and activities to ensure safety and the effective management of risks. For example, we found that risks were not being managed effectively for recruitment, and risk assessments were not always in place for all identified risk.
- The provider demonstrated a proactive approach to managing risk. For example, risks identified during the inspection had been included in the providers risk register and actions had been confirmed.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- We saw limited evidence that audits had a positive impact on quality of care and outcomes for patients. However, the provider did not have an audit programme in place, and we did not see evidence of completed medicines audits.
- The service had plans in place and had trained staff for major incidents.
- We saw evidence of regular risk management monitoring systems in place with external stakeholders, this included significant events and complaints management monitoring. They told us no concerns had been raised.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients and regularly discussed with external stakeholders, including the local clinical commissioning group (CCG) and secondary care providers.
- 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 service submitted data or notifications to external organisations as required.

Requires Improvement

Are services well-led?

- There were 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.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff 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.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements. However, the service had not explored reporting externally to the National Reporting and Learning system to aid wider learning.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work, for example the provider had identified new dermatology pathways to assist in the management of the two week wait referrals and had identified service development opportunities with local secondary care providers.