

Modality LLP Osborn House

Inspection report

55 Terrace Road
Birmingham
B19 1BP
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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?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

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? – Outstanding

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Modality LLP Osborn House (also known as Modality LLP) as part of our inspection programme and to provide a rating. The service has not been inspected before.

As part of this inspection we visited the provider's registered location; Osborn House, 55 Terrace Road, Birmingham B19 1BP and three satellite sites from which services were delivered. The sites we inspected were:

Enki Medical Practice, Osborn House, 55 Terrace Road, Handsworth, Birmingham, B19 1BP.

Khattak Memorial Surgery, 309 Bolton Road, Small Heath, Birmingham, B10 0AU.

Nishkam Pharmacy 21 Soho Road, Handsworth, Birmingham, B21 9SN.

The executive partner 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:

- The provider had implemented processes and policies to provide care in a way that kept patients safe and protected them from avoidable harm.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The provider adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Data showed that patients could access care and treatment in a timely way.
- The provider took complaints and incidents seriously and demonstrated how they improved services.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.
- Clinicians told us they worked for the organisation because the provider listened to them and their ideas on how they could develop services further and that ideas were implemented quickly.
- The cardiology service had identified that additional specialist nurses were required to help improve services for patients further, and had used surplus funds to recruit these additional clinical staff.
- Where possible, services were designed so that all necessary tests were completed on the same day as the appointment with the clinician. Patients left their appointment with a treatment plan and reduced journeys to separate appointments on potentially different days.

Overall summary

- Services had been designed in conjunction with NHS trusts to ensure that patients received the right treatment in the right setting. Patients' needs were at the centre of each care pathway. Patients were discussed in multidisciplinary team (MDT) meetings which included clinicians from NHS trusts. Treatment plans could be discussed during the MDT, without needing to refer the patient on to another service and patients could be directly placed onto hospital waiting lists, expediting their care.
- The provider had invested in technology that allowed test and scan results to be available to hospital doctors in real time. This reduced waiting times and unnecessarily repeating tests.
- The provider had an extensive audit and quality improvement program. The provider was able to demonstrate that audits improved clinical quality.
- The provider had implemented a comprehensive system to monitor performance and quality to ensure they provided effective care and treatment. Data we viewed showed that all specialities had met their target for triaging patients and patients were being offered appointments in line with agreed targets most of the time.
- The provider demonstrated they took quick action to improve quality when concerns were identified with performance.
- The provider promoted innovation and improvement and was responsive to needs of patients and staff

We saw the following outstanding practice:

- All staff we spoke with felt extremely well supported by leaders and felt proud to work for an organisation that put patients at the centre, was forward thinking and reduced pressure on secondary care services.
- The provider encouraged clinicians to be innovative and take opportunities to improve patients' overall health and reduce risk factors. For example, the cardiology service at the time of the inspection was involved in a project to help identify undiagnosed heart conditions. Initial data showed that out of 130 patients who had attended for relevant tests, six patients had been diagnosed with a condition that was previously undiagnosed. These six patients were referred onto relevant departments for treatment and follow up.
- The provider had supported a local NHS trust to significantly reduce their waiting lists and prevented the trust from breaching 104 week waits. Feedback from the NHS trust was extremely positive and commented on the delivery of first-class outpatient care.

While we found no breaches in regulation, the areas where the provider **should** make improvements are:

- Improve incident reporting processes so that all incidents including near misses are reported to management to enable further service improvement.
- Improve complaint reporting processes to enable further service development.
- Improve governance systems to monitor and manage emergency equipment and Infection Prevention and Control (IPC).

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 GP specialist adviser.

Background to Modality LLP Osborn House

Modality LLP is the registered provider of Modality LLP Osborn House. The provider is registered with CQC to provide the following regulated activities:

Diagnostic and screening procedures

Family planning

Surgical procedures

Treatment of disease, disorder or injury

The service is part of a wider organisation called Modality Partnership. This is a National GP Super-Partnership serving more than 430,000 patients.

The provider's head office and the location that is registered with CQC is Osborn House, 55 Terrace Road, Birmingham, B19 1BP. Regulated activities are provided from this address as well as 15 satellite sites.

More information about the service can be found on their website <https://modalitycommunityservices.com>.

The service provides community-based NHS healthcare services to patients including:

Attention deficit hyperactivity disorder (ADHD), audiology, cardiology, contraception, dermatology, echocardiography, ear, nose and throat (ENT), flexible cystoscopy, gastroenterology, general surgery, gynaecology, neurology, ophthalmology, orthopaedics, paediatrics, respiratory, rheumatology, ultrasound, urology and x-ray services.

The service does not have a registered list. Patients are referred into the service by a GP or NHS trust they have a contract with. Services are provided from mostly GP practices or health centres. At the time of the inspection the provider had 16 service level agreements in place for the use of facilities from which services were delivered from. The provider ensures staff have remote access to patient care records and their quality assurance system, this allows staff to deliver services from different sites.

The provider has a management board, which is made up of the group CEO, group clinical chair, medical director, executive partner and managing director.

The provider employs a total of 125 clinical and 86 non-clinical staff. In addition to this, 76 clinical staff work under practising privileges (permission granted through legislation to work in an independent hospital clinic).

The service operates Monday to Sunday 8am to 6pm. Opening times vary for each service and site they are delivered from. The telephone lines are open for queries and booking appointments Monday to Sunday 8am to 6pm.

How we inspected this service

Before the inspection we reviewed information the provider sent us, any information we held on the service and any information that was available to the general public. We also contacted Clinical Commissioning Groups (CCGs) and NHS trusts that hold contracts with the service.

During the inspection we spoke with clinical staff, administration and call centre staff, members of the board and senior leadership team and we reviewed feedback from people using the service, made observations and reviewed documents and patient records.

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

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

- Is it well-led?

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

Are services safe?

We rated safe as **Good** because the provider had implemented systems to keep people safe. Systems were mostly working as intended and the provider took immediate action to improve safety where we identified concerns.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. Staff had received appropriate safeguarding training relevant for their role. All staff we spoke with could tell us who they would report concerns to. The service provided an example of where they had reported concerns to an external organisation to help safeguard a patient.
- The service had systems in place to assure that an adult accompanying a child had parental authority. Records we reviewed confirmed that relevant checks were made.
- 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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider had implemented systems to manage infection prevention and control (IPC). However, not all systems were fully embedded. We found that staff were carrying out relevant IPC audits, however, concerns were not always escalated. For example, a low risk audit in February 2022 had raised issues with the clean utility and cleaners' cupboards at Enki Medical Practice but these concerns were not added onto the action log. When we inspected this site, we found there were ongoing issues with storage in the clean utility area and with the cleaners' cupboard. The management team for the GP practice was aware of the issues with the cleaners' cupboard and was taking action to resolve the problem.
- Staff carried out audits to monitor compliance with aseptic technique during certain clinical procedures. From evidence we viewed, we saw that recommendations were made to improve practice where staff were not fully observing aseptic techniques in line with local policy.
- All clinical rooms we observed were visibly clean. Staff told us they cleaned the equipment in clinical rooms before the clinic, inbetween patients and at the end of the clinic. Generally, staff did not document that cleaning had been completed.
- Some specialities for example Audiology were required to document that daily cleaning had been carried out. We saw evidence of completed cleaning sheets and evidence of carpet cleaning records for rooms where carpet was required.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- Staff told us they had the necessary equipment for their clinic and if there was a problem with infection control or equipment before they started their clinic, they would follow the escalation process and report this to management and await further instructions.
- Before deciding to use a site to deliver services from, the provider carried out a host site risk assessment to ensure it met their requirements. The provider had a service level agreement with each site to ensure certain responsibilities were carried out. For example, cleaning and maintenance, provision of emergency equipment and medicines and management of clinical waste.

Are services safe?

- The provider's management team met with the management team for each site to ensure the host site provider was adhering to the agreement. At the time of the inspection, these meetings were not documented. The management team told us they were in the process of formalising these discussions.
- The service had produced guidance for staff about each site. For example, where emergency medicines and equipment were located, how to access the site and the location of fire assembly points. All staff we spoke with knew how to access this information and were familiar with the information relevant to the site they were working that day
- Staff were provided with information on who to contact if support was needed or if they needed to report an incident.

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.
- Appointments and clinic rotas were planned in advance after discussion with the clinical lead for each speciality.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- From patient records that we viewed we saw that appropriate checks were carried out to monitor clinical observations on patients during a procedure.
- There were appropriate indemnity arrangements in place. The provider had processes to check this on an ongoing basis.
- The provider had processes in place to review information before a clinician's contract was renewed.
- There were systems and processes to ensure there were suitable medicines and equipment to deal with medical emergencies on all sites. However, we found not all processes were fully embedded. For example, at Nishkam Pharmacy, staff had raised in April 2022 that spare defibrillator pads were needed. However, these had not been ordered. At Khattak Memorial Surgery the emergency trolley did not contain all relevant equipment according to the provider's policy and the service could not demonstrate the equipment had been regularly checked in line with their policy.
- The provider took immediate action to ensure all relevant equipment was available on all sites. The provider explained that initially at Khattak Memorial Surgery, the emergency equipment was provided by the GP practice, however, as the number and frequency of their clinics from this site increased, the provider had reviewed the risk and decided to have their own emergency equipment on site. As this was a recent change, the monitoring process had not been fully implemented for this site at the time of the inspection.

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.
- 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.
- The provider had processes in place if urgent two week wait referrals were needed and monitored if referrals had been accepted and appointments offered.

Are services safe?

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, and emergency medicines minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does 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.
- From records we viewed we saw that staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues.
- The service carried out a risk assessment before deciding to use a site and then regularly met as a team and with the site management team to discuss any ongoing concerns or relevant risk assessments/action. At the time of the inspection, the provider could not provide evidence of these discussions with site management teams.
- The service monitored and reviewed activity. This helped it to understand risks and make changes as necessary to mitigate risk.
- Before taking on a new contract the provider risk assessed the service to see if it was financially viable and if they could provide an effective service.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on incidents and significant events. Most staff we spoke with could describe the reporting process and staff told us they were supported by management when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.
- The provider met annually to review incidents that had occurred in the previous year to monitor for any trends.
- The service demonstrated they learnt from incidents and took action to improve safety in the service. Staff were able to tell us how learning was shared for example through team meetings.
- Examples of incidents that led to improvements included an incident at one satellite where not all staff knew where the emergency equipment was kept. After investigating and reviewing the incident, the provider reviewed the storage and accessibility arrangements for emergency equipment on all sites.
- We found that although most staff knew how to report incidents, staff were not reporting near misses in line with the provider's policy and there were missed opportunities for service improvement. For example, feedback from patients showed that faulty equipment during a clinic had led to the clinic being cancelled and patients were sent home and appointments rearranged. This incident had not been reported to the provider.

Are services safe?

- Staff told us there were systems to pre-book interpreters when needed and appointments were extended when using an interpreter. However, on occasions, interpreters were not pre-booked when required. Although staff could easily access an interpreter on the day, because an extended appointment had not been allocated, this often increased the waiting times for the remaining patients in that clinic. Staff told us they did not normally escalate this when it happened.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- 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 clinical team.

Are services effective?

We rated effective as **Outstanding** because services had been designed in conjunction with NHS trusts to improve the patient's journey and ensure that patients received the right treatment in the right setting. Patient's needs were at the centre of each care pathway.

The provider demonstrated they took quick action to improve quality when concerns were identified with performance.

The provider encouraged clinicians to be innovative and take opportunities to improve patients' overall health and reduce risk factors.

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)

- Each speciality had an experienced clinical lead and met regularly with their team to discuss updates in guidelines and review and improve processes and pathways to ensure patients were receiving effective care.
- Each speciality had links to a consultant specialist (either based at a local NHS trust or they worked for the service) for support and advice.
- Services were designed with consultants and NHS trusts to ensure pathways were effective and patients' needs were kept at the centre of the pathway.
- The provider had been accredited by NHS England and were part of four NHS frameworks. This meant commissioners for example, NHS trusts could approach the provider directly and services could be delivered more quickly. The NHS trust didn't need to repeat the work that had already been done by NHS England to validate the service.
- Clinical staff had access to best practice guidelines, as well as experts in the speciality and 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.
- Clinicians had enough information to make or confirm a diagnosis. The service had arranged for clinicians to have access to NHS trust hospital clinical systems for which they provided services, so that clinicians could easily access past medical history or previous examination results. Reducing the need to contact other departments for further information and therefore reducing the delay in seeing patients.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with patients who required follow up appointments.
- The technology and clinical systems used meant that scans and/or test results could be viewed by consultants at NHS trusts in real time. This minimised delays in sharing information and clinicians could report on results instantly and if clinicians needed to discuss a patient's results during a multidisciplinary team meeting, the results were available to everyone at the meeting and treatment plans could be created without delay.
- For example, sonographers had a pathway to request a second opinion from a Consultant Radiologist in difficult cases. The images and preliminary reports were sent to the relevant Consultant Radiologist at the NHS trusts for review who would make additional comments before verifying the report. These cases were then discussed at clinical education meetings.
- The provider had supported a local NHS trust in reducing their waiting lists caused by the COVID-19 pandemic. The provider was asked to support with assessing and treating 5000 patients. The provider had four weeks to set up the service and then start seeing patients. Between December 2021 and March 2022, the service had cleared the backlog and prevented the trust from breaching their 104 week wait target. Feedback from the NHS trust was extremely positive and commented on the delivery of first-class outpatient care

Are services effective?

Monitoring care and treatment

The provider monitored performance closely and encouraged clinicians to take part in quality improvement activity.

- The provider invited patients to complete a survey after their appointment to help them evaluate their service and make further improvements. Data we viewed showed that feedback from people completing the survey was consistently positive.
- Data showed between January and March 2022 approximately 2000 patients completed a survey. Of those people that responded, on average across the three months 88% thought the care from the clinician was excellent or good, and 81% would recommend the service to a friend or family member.
- We also viewed data for November 2021 to January 2022, which showed 91% of people completing a survey thought the clinical care was good or excellent and 92% would recommend the service.
- The provider also requested feedback from commissioners. Data we viewed showed that 18 commissioners had provided feedback. Feedback was positive about the service including that the service was excellent at meeting contractual deadlines and the overall performance of the service was excellent.
- The provider monitored performance data. They had internal and external targets that they reported on. Evidence we viewed showed that the service monitored internal targets each month and compared how the specialities were performing in comparison to previous months. The data was shared with relevant staff within teams so if a speciality was not performing well in a particular area the team could discuss what action was needed.
- The provider met every six months to review targets and produced action plans where performance needed improving.
- The performance data for April 2021 to March 2022 we viewed showed that all 16 specialities had met their target and triaged new referrals within the set time frame.
- 8 out of 16 specialities had met their target each month and were able to offer an appointment within their target timescale. Four specialities had mostly met this target each month.
- Where a speciality was repeatedly not meeting this target, for example the ultrasound scan (USS) speciality or rheumatology, the provider had taken action to investigate the cause and then take appropriate action, for example recruiting more sonographers and two new full time rheumatology specialist nurses. More recent data indicated that the rheumatology service was meeting their target and was able to offer an appointment within their target timescale. The provider told us the commissioners for the USS service had agreed to increase the funding for additional clinics to help meet demand.
- The provider monitored did not attend (DNA) rates each month. Evidence we viewed showed where DNA rates were high, the provider discussed the relevant services and took appropriate action to investigate possible causes. We saw in some specialities DNA rates had improved. For example, in urology.
- The provider benchmarked itself against similar services. Data we viewed showed that outcomes for patients using the service were better when compared with similar services. For example, an audit of local hospital data showed that 28% of long-term rheumatology patients were lost to follow up. Comparative data from this service showed that 0% of patients were lost to follow up. The provider also shared data with us that showed in January 2021 the service consistently maintained short waiting times when compared with similar services, where waiting times were considerably higher.
- The service used information about care and treatment to make improvements. 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.
- All clinical staff we spoke with were actively engaged in activities to monitor and improve quality and outcomes. We saw that performance information was shared with clinicians in monthly clinical team meetings.
- The provider gave us evidence that showed there was a commitment to monitoring quality and improving care and treatment in each speciality.

Are services effective?

- The provider had developed an audit plan for each speciality.
- We reviewed a sample of audits. This included an audit carried out by the cardiology service, to determine the effectiveness of care provided and the impact of the multidisciplinary team (MDT) meetings on patient care. The audit carried out in February 2022, looked at care and treatment provided to 72 patients between October and December 2021.
- The audit showed that all patients had a treatment plan before the MDT where appropriate.

In 50 (69%) of the patients, the treatment plan was not altered at MDT.

In 24 patients (33%), the MDT expediated interventions or investigations.

In all 72 patients, the overall treatment plan was considered safe and effective.

- We saw there was an action plan and plans to repeat the audit.
- The dermatology team had audited the use of a medicine to commonly treat eczema and found in all 15 patients the medicine had been used appropriately.
- The gynaecology service had completed audits in March 2020 and April 2021 to review the quality of the samples taken in a gynaecology community clinic and if results of those samples had been acted on in accordance with national guidelines and standards. The repeat audit in April 2021 showed that recommendations after the audit in March 2020 had been implemented and this had resulted in an improvement in the quality of the service.
- In addition to clinical audits, the service carried out consent audits to monitor the consent recording process and non-clinical audits related to infection control and prevention processes.
- The service audited a sample of each clinician's records each year. Clinicians received feedback after the audit. The audits monitored the clinician's treatment and management decisions, and overall quality of records and offered suggestions for improvement.
- The service peer reviewed ultrasound reports and standards of images by auditing 5% of all ultrasound scans performed every month across different specialties. The results were fed back at clinical education meetings and to individual Sonographers so that training needs could be identified and improvements agreed.
- The provider told us they also had external targets to meet, which they monitored closely and reported on monthly to commissioners. Feedback we received from commissioners that we contacted before the inspection was positive about the service.

Effective staffing

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

- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported and encouraged to acquire new skills and use their transferable skills.
- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Staff we spoke with confirmed they received an appropriate induction and training to enable them to do their job.
- The provider had produced competency assessments for clinical staff where relevant.
- Relevant professionals (medical, nursing and registered healthcare professionals) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council/The Health and Care Professions Council (HCPC) and were up to date with revalidation. The provider had processes in place to monitor this information.
- 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.

Are services effective?

- Staff received clinical supervision and had access to clinical experts for advice and support.

Coordinating patient care and information sharing

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

- Staff were committed to working collaboratively and found efficient ways to deliver more joined-up care to people who use services. For example, in the ophthalmology service, options for surgery could be discussed with the patient at their appointment, and the patient placed on the list for surgery at the hospital by the clinician, reducing the need for multiple referrals.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- The technology and equipment the service used enabled professionals working for other organisations to access scans and test results in real time, meaning there was no delay in sharing this information.
- This was helpful in an emergency situation, for example, if a cardiology patient attended the hospital in an emergency their scans were readily available, reducing the need for them to be repeated.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The provider had arranged for clinicians to have access to NHS trust hospital clinical systems with whom they provided services for, so that clinicians could easily access past medical history or previous examination results. This reduced the need to contact other departments for further information and therefore reduced the delay in seeing patients.
- We saw that the service wrote back to the referrer after each consultation and the provider monitored if this was done in line with targets. The provider had systems in place for notifying GPs about urgent patients
- Data showed that specialties were mostly meeting their target each month of reporting back to the referrer within five days. Where specialties were not meeting this target, reporting times were mostly exceeded by one to two days, with the most being seven days above target.
- There were clear and effective arrangements for following up on people who had been referred to other services.
- The sample of onward referrals we reviewed contained all the relevant information and were completed to the expected standard.
- At the end of each clinic, there was a dedicated team of administration staff that would check the patient's record had been completed and all relevant documents attached including the letter to the referrer and any onward referrals. The administration team would then send out any letters and arrange for follow up appointments to be booked if necessary.

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.
- Throughout the COVID-19 pandemic, the service continued to treat patients and supported other services such as NHS trusts with backlogs.

Are services effective?

- At the time of the inspection, the Cardiology service was involved in a project to help detect undiagnosed conditions. Results of the project were still being analysed. However, staff shared examples where they had detected undiagnosed heart conditions in patients and their family members. This meant these people were referred to relevant services for appropriate preventative treatment, reducing the risk of a more serious heart event occurring.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.
- From the sample of records we viewed, we found that consent was recorded appropriately when needed.

Are services caring?

We rated caring as **Good** because patient feedback we viewed was mostly positive and indicated that people had received good or excellent care. The provider took action to improve quality of services when patient feedback was less positive.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The service sent every patient a survey to complete after their appointment. We reviewed results from surveys completed in January, February and March 2022.
- Results showed that majority of people responding to the survey felt the clinician had been excellent or very good.
- When people left negative comments about clinical staff the provider discussed these with relevant staff and teams. We saw examples of actions plans formed for specialities to help improve services further.
- Approximately 81% of people who completed a survey in these months would recommend the service to a friend or family.
- 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.
- Staff told us that patients were asked at the booking stage about any additional requirements they may have.

Involvement in decisions about care and treatment

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

- On accepting a referral, administration staff would check the referral to see if the patient had any additional needs for example if they needed an interpreter or required additional support or a longer appointment.
- Patients were also asked at the booking stage if they had any additional needs.
- Interpretation services were available for patients.
- 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 or carers were appropriately involved.
- Staff communicated with people in a way that they could understand.
- Patients were sent information about procedures with appointment letters.
- The cardiology service had produced a patient video to help patients decide if they wanted to be involved in a project designed to identify undiagnosed heart conditions. The video helped people understand more about the condition. People were sent a link to the video before their appointment. The video could also be viewed during clinic.
- The cardiology service held community engagement events to encourage the local population to look after their hearts and to engage with the service if they needed to.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- If patients wanted a female member of staff, this was accommodated where possible, however staff told us it was explained to them at booking this may not be possible to help manage patient expectations and help respect patient choice.
- All staff had completed equality and diversity training. Staff we spoke with told us that privacy and dignity was paramount.

Are services caring?

- The provider ensured there was a chaperone present at each clinic. Part of their role was to help maintain peoples' privacy and dignity throughout a procedure.
- At the three sites we inspected, consulting room and treatment room doors were closed during consultations and conversations taking place in them could not be overheard.
- Privacy curtains were available in rooms where needed.

Are services responsive to people's needs?

We rated responsive as **Good** because the provider understood the needs of their patients and services had been designed to provide timely access to care and treatment in the correct setting. The provider listened to patient feedback and made improvements to further improve the quality of services.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- Lifts were available on sites where services were delivered from the first floor and above.
- Sites had hearing loops and the provider gave us evidence that showed staff received regular refresher training on how to use them.
- The provider gave us evidence of accessibility audits to ensure that premises could be accessed by all patients including those with additional requirements.
- The provider monitored 'did not attend' (DNA) rates closely and had made improvements to ensure where possible patients were offered an appointment closer to home.
- Data from the patient survey suggested that between 72-77% of patients who responded to the survey between January and March 2022 were satisfied with the location of the service.
- We found that a small number of patients who responded to the survey had commented that the location was not suitable. With less than 10% each month saying they would have preferred a hospital appointment.
- The provider had developed clear inclusion and exclusion criteria for each speciality and monitored that referrals were triaged and appointments offered within set timescales.
- Where possible specialities offered all necessary appointments on the same day. This allowed patients to have all the necessary tests/scans including a review with the clinician at one appointment. This reduced the need for several appointments on different days.

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 assessments, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- From patient survey information that we viewed, most people completing the survey reported that the appointment system was easy to use. Of those people who completed the survey 70-73% found it easy or very easy to make an appointment, with less than 10% finding it difficult or very difficult.
- Referrals and transfers to other services were undertaken in a timely way.
- Staff told us if interpreters were not booked in advance they could be easily booked on the day, however, this did have an effect on the appointment time, as a longer appointment was needed, and this could then impact on waiting times for the remaining patients booked into that clinic.
- The provider monitored telephone call data. This data was shared with the relevant teams on a quarterly basis for review and improvement.

Are services responsive to people's needs?

- The provider monitored how many calls came into the service, how many were answered, how many were abandoned and how many calls were not answered either due to IT issues, or the call limit being reached.
- Data we viewed for January to April 2022 showed that the service had received 16,820 calls in these months, of these, 13,961 calls were answered (83%). We saw that 6% of all calls were abandoned within two minutes and 673 of total calls (4%) were not connected.
- The provider had responded to patient feedback and recruited more administration staff to improve the booking process. The provider had sourced additional sites to deliver services from, to reduce travel and improve convenience.

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 and told us, if possible, they would try to resolve complaints in real time. Staff would inform people how to complain formally however they would not escalate concerns themselves to management.
- 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.
- The provider had received 36 complaints between April 2021 and March 2022. The provider told us they had investigated all 36 complaints and shared any learning with relevant staff.
- Staff told us learning from complaints was discussed in weekly governance meetings, an action plan was agreed and the complaint was handed back to the clinical lead for actioning and sharing with the team and the complaints log was updated.
- We saw from meeting minutes that complaints were discussed to share learning. However, not all staff we spoke with during the inspection (non-clinical and clinical staff not part of the management or leadership team) could recall examples of complaints the service had received or subsequent learning.
- The provider had analysed the complaints to monitor for trends and reported that 50% of all complaints related to communications, 19% related to clinical treatment and 14% were about staff attitude, values and behaviour.
- An example of a communications complaint included a patient who did not receive the appointment letter which provided the patient with information on how to prepare for the appointment. To reduce the risk of this happening again, the provider implemented pre-appointment phone calls to patients, this allowed staff the opportunity to check patients had received the relevant information and could discuss any additional needs.

Are services well-led?

We rated well-led as **Good** because the way the service was led and managed promoted the delivery of high-quality, person-centre care.

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 provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Modality LLP is part of a national organisation called Modality Partnership. Modality LLP had formed its own management board and was accountable to 130 partners. Board meeting minutes were available to all partners. There were channels and opportunities for partners to challenge the board.

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.
- Staff we spoke with shared the same vision and values as the provider and were able to describe how they aimed to achieve them.
- The service monitored progress against delivery of the strategy.

Culture

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

- All staff we spoke with felt respected, supported and valued. They were proud to work for a service that focused on the needs of patients and were helping patients to access services in a way that suited them.
- Staff felt supported and respected by clinical staff.
- There were positive relationships between staff and teams.
- 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 needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.

Are services well-led?

- Staff gave us examples of how they were supported by clinical staff and management to progress professionally through the organisation.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- The provider had tried to keep staff motivated and engaged during the COVID-19 pandemic and arranged group wellbeing challenges. They had also arranged for external professionals to come in and talk to staff about mental health and managing stress.
- The provider held award ceremonies for staff. Staff awards were linked with the provider's values and staff could nominate one another to recognise good work.

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 mostly 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.
- Leaders had established proper policies, procedures and activities to ensure safety and we found that most were operating as intended.
- The provider had service level agreements (SLAs) in place with all sites they used to deliver services from and they had processes in place to monitor that SLAs were being adhered to. At the time of the inspection, the provider could not evidence that they were meeting regularly with site management teams. The provider took immediate action to improve processes so that this information would be evidenced in the future.
- Where we found that processes or policies were not fully embedded, such as infection, prevention and control processes or monitoring of emergency equipment, we discussed these with the provider, who took immediate action to improve processes to support good governance and management.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, during the inspection, by speaking with staff and reviewing patient feedback we found examples where staff had not reported near misses or verbal complaints that could have led to further service improvements.
- The service had effective processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.
- The provider closely monitored internal and external performance targets.
- The provider had implemented processes so that risks and concerns could be escalated to the board.
- We saw evidence of action plans to discuss issues like high DNA rates, staff shortages and increasing clinic capacity. Actions plans were monitored and updated to show progress.
- The provider used a dashboard to monitor monthly performance, they compared it with the month before. It was broken down for each speciality as well as providing an overall picture for the whole service.
- The provider monitored how quickly patients were triaged from referral; how quickly patients were seen from referral; how many people DNA; how many onward referrals to other services were made; completion of patient surveys and post procedure surveys; available appointments, reporting times and completion of consultation letters.
- Data we saw showed that overall new activity had increased from 1993 new referrals in April 2021 to 5761 in March 2022. Total activity had increased from 5107 patients in April 2021 to 10,047 in March 2022.
- The provider held quarterly governance assurance meetings, governance team meetings and clinical team meetings to monitor activity and performance.
- The executive partner met with the clinical leads quarterly to discuss workforce planning, targets, finance, and if services remained viable.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The provider carried out a yearly staff survey. They shared the results with staff during protected learning sessions. Results were also shared in a newsletter with all staff.
- 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.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider contacted commissioners for their feedback. We saw evidence of feedback received from commissioners. Feedback was extremely positive.
- The provider had analysed the results from the patient survey April 2021 to March 2022 and formed an appropriate action plan to improve quality further.
- We saw from data presented to us that the response rate to the survey itself had improved. Specialities had developed new ways of encouraging people to complete the survey.

Continuous improvement and innovation

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

Are services well-led?

- There was a strong 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.
- 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.
- The provider had developed an audit schedule that included all specialities. Examples of audits we reviewed showed that audits were used by the service to monitor and improve quality of the services delivered.
- Staff told us they were proud to work for a service that throughout the pandemic continued to provide face to face services such as contraception, gynaecology and cardiology when other local NHS services had stopped delivering routine outpatient clinics.
- Staff felt proud to work for an organisation that had reduced waiting lists for patients. Evidence we viewed from a local NHS trust showed the service had helped the trust with their backlog and prevented the trust from breaching 104 week waiting times.
- Sonographers attended regular clinical education meetings with a Consultant Radiologist from a local NHS trust.
- The service delivered monthly learning meetings where specialists provided educational sessions for clinical staff.
- Clinical leads regularly attended NHS hospital quality improvement meetings to strengthen integrated pathways between hospital and community teams.
- The service had grown significantly since its inception, starting off with one speciality, to at the time of the inspection offering services for 18 specialities.
- The provider had been successful and been awarded different frameworks/opportunities. NHS Frameworks are used to form decisions on who to give work too. Commissioners could approach the provider directly. This enabled the commissioner and provider to start offering services more quickly.
- The provider worked with Health Education England to recruit newly qualified doctors into fellowships and then retain them as part of the wider Modality Partnership organisation.
- The cardiology service gave examples of improvement activity, these included developing the service further and recruiting two additional specialist nurses with surplus funds.