

# 360 Care Limited

## Quality Report

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### Core services inspected

### CQC registered location

### CQC location ID

**Community health services for adults**

Cromwell Road  
Grimsby  
South Humberside  
DN31 2BH

1-628831430

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

# Summary of findings

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# Summary of findings

## Overall summary

Safety performance was good and staff were aware of their responsibilities to report incidents. Staff told us they received feedback when incidents occurred. CQC received no notifications in relation to safety incidents for 360 Care Ltd in the last 12 months between January 2016 and January 2017. CQC did not receive any safeguarding alerts or concerns in relation to 360 Care Ltd in the last 12 months between March 2016 and the time of our inspection. Staff completed safeguarding training as part of their mandatory training. Compliance with this was 91%. The community matrons were non-medical prescribers. This meant that they were able to prescribe medicines in a timely manner for the patients they visited at home. We saw service and maintenance records, which showed that all equipment used by the non-obstetric ultrasound service (NOUS), clinical matrons and health care assistants was safe, as these had been serviced; safety checked and where necessary, calibrated in line with manufacturers recommendations, within the last 12 months. We reviewed the electronic care records for 10 patients under the care of the community matrons and found that these contained a full and holistic assessment of patients' needs. Infection Control policies were in place. Staff completed infection control training as part of their mandatory training. Compliance with this was 100%. We observed staff washing their hands before and after providing care. However, overall, mandatory training compliance for all staff at 360 Care Ltd was 75%, which was below the organisation's own compliance target of 80%.

Local policies were in date and written in line with national guidelines and updated when national guidance changed. We saw from patient's records and during home visits that the community matrons supported patient's needs, gave advice and prescribed appropriate pain relief, nutrition and hydration for patients in their care. 360 Care Ltd used a generic patient administration system that allowed staff to access and share records with other key care providers. Staff in all services were able to access patient's records through a nationally recognised electronic records system and we saw that consent for care and treatment was documented in all records we reviewed. 360 Care Ltd had developed a system to identify patients at risk, and was working in an integrated way with general practice, to avoid

unplanned admissions. Records showed that all staff had yearly appraisals and effective clinical supervision. Staff we spoke with told us that there was effective MDT working with all primary and secondary care services. Agile working, which enables staff to connect to patient records system whilst in the patient's homes, was not being used effectively however 360 Care Ltd were updating their technology systems to address this issue.

We observed staff treating patients with kindness and respect. Staff took time to introduce themselves to patients and explain the care, treatment or procedure they were providing. We spoke to patients and they told us that staff were considerate and treated them with respect at all times. We observed professionalism in all staff interactions with patients and colleagues, without exception. Staff understood and respected people's personal, cultural, social and religious needs, and considered these when providing procedures. We observed staff take time to interact with patients in a respectful and considerate manner.

We saw that services were planned and delivered to meet the needs of local people. Clinics were provided at different locations to meet the journey requirements of patients and referrers. This ensured flexibility, choice and continuity of care. The service produced an 'Equality and Diversity Annual Report' (2016) that showed 360 Care Ltd was committed to providing services which embrace diversity and which promote equality of opportunity. The report identified specific duties that supported the 'Equality Duty' and outlined progress made to ensure equality and diversity for example, 'Equality & Diversity' training for all staff. We saw initiatives in place to support vulnerable people including those with dementia or a learning disability. There had been no complaints about any of the services provided in the twelve months prior to our inspection.

Staff said clinical leads and business managers were available and approachable; leadership of the service was good, there was good staff morale and they felt supported. We saw that 360 Care Ltd had a vision, mission and values statement. 360 Care Ltd was managed at a corporate level by a board of directors appointed by shareholders. A clinical executive board took overall responsibility for running services at an

# Summary of findings

operational level through lead GPs and business managers. The service had processes in place to ensure risks were identified, monitored, managed and controlled through the corporate risk register. Staff morale was high within the services. Staff were enthusiastic about their work, the services they provided and about the organisation they worked for. Staff explained that morale remained high due to leadership support and good team

working. One member of staff told us that 360 Care Ltd were 'the best team ever' and that the senior team were very supportive. Each practice had a 'Patient Participation Group' (PPG) in place. Additionally the service provided information about an area wide community membership body for North East Lincolnshire named 'Accord'. We saw examples of innovation.

# Summary of findings

## Our inspection team

Team leader: Kerri-Ann Davies (CQC inspector).

The team that inspected the service comprised of two CQC inspectors and specialists including a community matron and a radiographer.

## Why we carried out this inspection

We inspected but did not rate this core service (community health services for adults) as part of our comprehensive community health services inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before visiting, we reviewed a range of information we held about the service and asked other organisations to share what they knew. We analysed both organisation-wide and service specific information provided by the organisation and information that we requested to inform our decisions about whether the services were safe, effective, caring, responsive and well led.

We carried out an announced visit on 16 and 17 March 2017. We did not undertake an unannounced visit.

We visited the health care assistant clinic at the Raj Medical Centre, the ultrasound fixed unit at Cromwell Primary Care Centre, and the mobile ultrasound unit at the Roxton Practice. We also accompanied a community matron on two home visits. We observed how patients were being cared for and spoke with eight patients, five carers and relatives who shared their views and experiences of the care they had received.

We reviewed care and treatment records of 12 patients who used the services. We spoke with 11 members of staff including the leadership team and the registered manager, a GP partner, as well as community matrons, sonographers, administration staff and a health care assistant.

## Information about the provider

360 Care Ltd was originally a federation of seven GP practices. A further six practices have since become stakeholders in the company. These are as follows:

- Clee Medical.
- Dr A Kumar.
- Birkwood Surgery.
- Greenlands Surgery.
- Beacon Medical.
- Raj Medical Centre.

- The Roxton Practice.
- Healing Partnership.
- Wybers Wood.
- Scartho Medical.
- Dr Mathews Surgery.
- Chantry Health Group
- Dr Sinha

The practices work together and share responsibility with an aim to deliver high quality, patient focused services.

# Summary of findings

The combined population of the local area reflects a mix of those from deprived and affluent areas, 34% of the population live within identified areas of deprivation.

360 Care Ltd provide services in an area where a large proportion of the population are elderly and who require a higher level of resource. The percentage of elderly population for the group was 15%, with the variation between practices ranging from 7% to 22%.

360 Care Ltd has joint working arrangements at practice level as well as joint working across health and social care. This enables them to establish a number of joint initiatives as well as exploring further opportunities to ensure primary care services are provided in a cost effective and efficient way.

360 Care Ltd is clinically led; supported by a business manager, and the managers in each practice.

The clinical teams work closely with consultants and teams in the local acute trust to improve working arrangements between primary and secondary care.

360 Care Ltd provides the following services:

- Community Matrons.
- Non-Obstetric Ultrasound Service (NOUS).
- Health Care Assistant GP clinics.
- An out of hours diabetes service.
- A counselling service.
- A dedicated repeat prescription service.

At the time of our inspection 360 Care Ltd was going through a period of reconfiguration. This involved the community matron, health care assistant and repeat prescription posts being subject to a Transfer of Undertakings - Protection of Employment (TUPE), to one of the GP practices, which was to become effective on 01 April 2017. The out of hours diabetes service had not been commissioned during the previous 12 months, therefore we did not inspect this service or the repeat prescription service. We did not inspect the counselling service because this service is aligned to CQC's mental health service inspection programme.

## What people who use the provider's services say

We spoke with eight patients and five carers who had received care and treatment involvement from the community matrons. We received consistently positive feedback about the care and treatment provided.

We spoke with 14 patients who had been under the care of the non-obstetric ultrasound service (NOUS) service and also received comment card feedback from 79 other patients. Again, this feedback was consistently positive.

## Areas for improvement

### Action the provider **MUST** or **SHOULD** take to improve

360 Care Ltd should ensure that all staff achieve the organisation's 80% compliance target for all mandatory training including the appropriate level of childrens safeguarding training.

# 360 Care Limited

## Detailed findings

### Are services safe?

By safe, we mean that people are protected from abuse \* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

### Summary of findings

- Safety performance was good and staff were aware of their responsibilities to report incidents. Staff told us they received feedback when incidents occurred. CQC received no notifications in relation to safety incidents for 360 Care Ltd in the last 12 months between January 2016 and January 2017.
- CQC did not receive any safeguarding alerts or concerns in relation to 360 Care Ltd in the last 12 months between March 2016 and the time of our inspection.
- Staff completed safeguarding training as part of their mandatory training. Compliance with this was 91%.
- The community matrons were non-medical prescribers. This meant that they were able to prescribe medicines in a timely manner for the patients they visited at home.
- We saw service and maintenance records, which showed that all equipment used by the non-obstetric ultrasound service (NOUS), clinical matrons and health care assistants was safe, as these had been serviced; safety checked and where necessary, calibrated in line with manufacturers recommendations, within the last 12 months.

- We reviewed the electronic care records for 10 patients under the care of the community matrons and found that these contained a full and holistic assessment of patients' needs.
- Infection Control policies were in place. Staff completed infection control training as part of their mandatory training. Compliance with this was 100%. We observed staff washing their hands before and after providing care.

However:

- Overall, mandatory training compliance for all staff at 360 Care Ltd was 75%, which was below the organisation's own compliance target of 80%.

### Our findings

#### Safety performance

- Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. No never events had been reported in the service.

# Are services safe?

By safe, we mean that people are protected from abuse \* and avoidable harm

- CQC received no notifications in relation to safety incidents for 360 Care Ltd in the last 12 months (up to January 2017).
- There were no serious incidents requiring investigation (SIs) in the last 12 months within the services.

## **Incident reporting, learning and improvement**

- Incidents were reported using an electronic reporting system. Incidents were reported to commissioners, who provided feedback to the service.
- The services had reported three incidents between April 2016 and the time of our inspection. One incident was clinical. This related to the on obstetric ultrasound service (NOUS) failing to inform a patient's general practitioner that a scan had been completed, which resulted in a delay in the scan results being reviewed. This incident did not result in any harm to the patient.
- The service had an Incident & Accident Reporting Policy (reviewed March 2017) and a Policy for Managing Serious Incidents (reviewed March 2017) in place.
- Staff we spoke with were aware of the policies and how and when to report incidents and told us that they received feedback after incidents were reported.
- The duty of candour is a regulatory duty that relates to openness and transparency. It requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- Staff we spoke with were aware of their responsibilities in relation to duty of candour. There had been no incidents requiring duty of candour. However, staff told us about being open and honest, and apologising if things went wrong.
- A response to a complaint showed that the complainant had received an apology for their inconvenience when they had experienced a delay in contacting the repeat prescription line.

## **Safeguarding**

- The service had a Safeguarding Policy (reviewed December 2016) in place to support staff.
- CQC received no safeguarding alerts or concerns in relation to 360 Care Ltd in the last 12 months between March 2016 and the time of our inspection.
- Staff told us there had been no safeguarding concerns since the service began in 2013.

- All Staff completed adult safeguarding training as part of their mandatory training. Compliance with this was 91%. Staff we spoke with were aware of their responsibilities in relation to raising and reporting adult safeguarding concerns.
- Children's safeguarding training was identified as applicable for three members of staff; compliance with this training was 33%. Additionally staff who may have been in contact with children, for example community matrons, health care assistants and administration staff were not identified as requiring this training, this meant that staff may not be trained to identify children with safeguarding needs.

## **Medicines**

- No medications or prescribed wound dressing products were carried by any of the staff in the services we inspected. These were all provided through prescriptions.
- There were two community matrons; one of the matrons was a non-medical prescriber. This meant that medications could be provided for patients in a timely manner. This member of staff was employed through a service level agreement from another local independent health provider; we were told that a quarterly review was held with the member of staffs clinical mentor to assess competency and appropriateness of prescribing. The member of staff was responsible for the prescriptions they held. These were also monitored through their employer. The second matron was in the process of becoming a non-medical prescriber.

## **Environment and equipment**

- We saw service and maintenance records, which showed that all equipment used by the Non-Obstetric Ultrasound Service (NOUS), clinical matrons and health care assistants was safe, as it had been serviced, safety checked and where necessary, calibrated in line with manufacturers recommendations, within the last twelve months.

## **Quality of records**

- Patients were referred to the NOUS service using the '360 Care Ultrasound Service Referral Form'. This gave patient details, the referring GP, patient history and relevant clinical findings, clinical question and the examination required.



# Are services safe?

By safe, we mean that people are protected from abuse \* and avoidable harm

- The NOUS service used an electronic system for recording patient details and sonographer recommendations. These could be shared with practices and GPs immediately using the same system.
- Community matrons also used an electronic records system.
- We reviewed the electronic care records for ten patients under the care of the community matrons and found that these contained a full and holistic assessment of patients' needs. All records we reviewed were completed fully and in line with staffs registering bodies.
- Staff completed information governance training as part of their mandatory training. All staff (100%) were compliant with this training at the time of our inspection.

## Cleanliness, infection control and hygiene

- Infection Control policies were in place. These included 'Guidance in the Use of Personal Protective Equipment', 'Usage of Gloves' and 'Asepsis Guidance Preventing Healthcare Associated Infection'.
- Staff completed infection control training as part of their mandatory training. Compliance with this was 100%.
- Staff had access to personal protective equipment (PPE), such as gloves and aprons. We saw that this was used appropriately when staff were providing care and treatment.
- We observed staff washing their hands before and after providing care. Hand hygiene audits had been undertaken but we did not see the results of these.

## Mandatory training

- Overall, mandatory training compliance for all staff at 360 Care Ltd was 75%, which was below the organisation's own compliance target of 80%.
- Mandatory training included infection control, basic life support, safeguarding children, safeguarding adults, information governance, equality and diversity, mental capacity act (MCA), fire awareness and moving and handling.
- Training records provided showed that the sonographers and the administrator responsible for NOUS services had completed all required mandatory training.
- Some staff were below the target of 80%, including the administration and business support team and the community matron team, which incorporated the health care assistants. These two teams were 69% and 59%

compliant respectively. This meant that staff were out of date for training and may not be able to provide safe care, however some non-compliance was due to staff absence and this was being addressed as part of staffs return to work plan.

## Assessing and responding to patient risk

- Advice is issued to the care services, via the Central Alerting System, as and when issues arise. National patient safety alerts (NPSA) are crucial to rapidly alert the healthcare system to risks and provide guidance on preventing potential incidents that may lead to harm or death.
- We saw that national safety alerts, which related to the services, were shared, as appropriate, with the relevant members of staff and that a record of this was maintained centrally.
- A 'Central Alert System – Medical Alerts Management' policy was in place (approved March 2017).
- We saw that patients had risk assessments completed where appropriate, these included falls risk assessments, risk assessment for skin integrity and pressure damage and risk of malnutrition.
- 360 Care Ltd had developed an enhanced system for avoiding unplanned admissions. This included working in an integrated way with general practices and the development of a reporting system which enabled case finding and patient review of vulnerable people. The report used a default to sort the most 'at-risk' patients. The community matron would then review the information in the report and select the patients most at risk. After the visit, the community matron updated the patient's clinical record with additional information gained about the patient, and with actions taken to avoid admission to hospital.

## Staffing levels and caseload

- One whole time equivalent (wte) senior sonographer, one wte sonographer and a wte administrator provided the NOUS service.
- The sonographers covered for each other during holidays and when clinics were provided at different sites. The administrator was covered by other staff throughout 360 Care Ltd during absence.
- There had been no bank, agency or locum use and no staff turnover in the 12 months prior to our inspection within the NOUS service. There were no vacancies within the service at the time of our inspection.

# Are services safe?

By safe, we mean that people are protected from abuse \* and avoidable harm

- The establishment for community matrons was two wte. At the time of our inspection, there was one wte matron in post and a second was provided, part time from another local independent community health provider on a service level agreement. The matrons worked Monday to Friday.
- There had been a 20% turnover in staff in total over the previous 12 months; this included the business manager, a community matron and a prescription line call handler.

## **Managing anticipated risks and Major incident awareness**

- 360 Care Ltd had recently introduced a lone worker tracking system. This meant that staff working on their own, in the community, could be tracked from a central base to ensure that they were safe.
- A 'Business Continuity and Strategy Plan' was in place. This was designed to ensure that the business continued to operate in the event of any unexpected disaster, incident or major occurrence that has the potential to de-stabilise the business and severely impact on the short, medium to long term running of the business.
- The plan included the assessment of these risks and the subsequent planning for them and also for situations such as power loss and bomb alerts.
- The plan included not only the short-term response but also the provision for on-going activity during the "recovery" phase and eventual return to normal operation.
- Staff did not complete major incident training as part of their mandatory training; however, those we spoke with told us they were aware of the plan and the impact on safety when changes to the service were made. Staff felt involved when safety was assessed and monitored.

# Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Summary of findings

- Local policies were in date and written in line with national guidelines and updated when national guidance changed.
- We saw from patient's records and during home visits that the community matrons supported patient's needs, gave advice and prescribed appropriate pain relief, nutrition and hydration for patients in their care.
- 360 Care Ltd used a generic patient administration system that allowed staff to access and share records with other key care providers. Staff in all services were able to access patient's records through a nationally recognised electronic records system and we saw that consent for care and treatment was documented in all records we reviewed.
- 360 Care Ltd had developed an enhanced service specification for avoiding unplanned admissions.
- Records showed that all staff had yearly appraisals and effective clinical supervision. Staff we spoke with told us that there was effective MDT working with all primary and secondary care services.
- Agile working, which enables staff to connect to patient records system whilst in the patient's homes, was not being used effectively however 360 Care were updating their technology systems to address this issue.

- We discussed these with the sonographers who informed us these were used to validate previous recommendations and discussion between the team. Although these audits identified issues for training, they were not subject to external peer review.
- We saw that electronic clinical policies and care pathways, which were based on researched best practice and national guidelines were available, to support the community matrons, these included a 'Diagnostic Pathway for COPD', 'Stepwise Management of Asthma in Adult Patients' and a 'Diabetes Care Pathway'.
- A community matron told us that when new national guidance is produced, for example guidance from The National Institute for Health and Care Excellence (NICE) this was discussed at the clinical executive committee and individuals were nominated to ensure the information is disseminated.

### Pain relief

- We saw from patients records and during home visits that the community matrons supported patient's needs, gave advice and prescribed appropriate pain relief for patients in their care.

### Nutrition and hydration

- We saw from patients records and during home visits that the community matrons supported patient's needs, gave advice about nutrition and hydration to patients in their care.

### Technology and telemedicine

- Community matrons had agile working devices, however, due to problems with connectivity there were times when staff needed to return to a 'base site' to complete their documentation; this resulted in the devices not being able to be used effectively at the time of our inspection.
- We were told that because referrals from GP practices were often received after the matron had left a base, this might mean that they would see a patient without being able to access their details from the electronic records system. However, 360 Care Ltd were in the process of moving to a new IT provider. It was envisaged that this would allow effective agile working from April 2016.
- 360 Care Ltd used a generic patient administration system that allowed staff to access and share records with other key care providers.

## Our findings

### Evidence based care and treatment

- Local policies for the non-obstetric ultrasound service (NOUS) service were written in line with national guidelines and updated when national guidance changed.
- The NOUS service undertook monthly patient follow up audits. These were designed to review accuracy and appropriateness of the sonographer recommendations, with any issues highlighted for training purposes.

# Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Patient outcomes

- The ultrasound performance report (April 2016 to October 2016) showed that no patients had to have a repeat activity as result of any incorrectly or inadequately performed activity.
- This also showed all referrals were triaged to meet referral criteria and accepted or rejected within one working day. This resulted in no patients being rejected between April 2016 and October 2016.
- All patients were contacted within five working days once the referral was accepted and all patients were given a choice of day and time of appointment that was convenient to them.
- During this period, 93% of patients had their investigation undertaken within 10 working days of acceptance of referral and 100% of patients within 20 working days. At the time of inspection, patients were seen within eight working days of acceptance of their referral.
- All patients had their report of investigation sent to their referrer within two working days of investigation. Staff told us that this happened instantaneously through the electronic system or through a telephone call to the referrer.
- No patient waited more than thirty minutes after appointment time before the start of their investigation activity.
- Clinical outcomes for patients cared for by the community matrons were mostly collated by the patients GP practice therefore we did not see any patient outcome data for the patients cared for by the community matrons.
- The community matrons attended a weekly multidisciplinary team meeting at the GP practices where patient specific information was shared.

## Competent staff

- Records showed that the community matron, both sonographers and the administrator had received an appraisal during the current year.
- The community matrons told us that they received effective clinical supervision from a designated GP.
- One member of staff told us that she had been supported by 360 Care Ltd to professionally develop. This had included completion of further education including the asthma diploma, chronic heart disease and specialist nurse practitioner training.

- Staff were able to access training sessions held at the GP practices; this had recently included updates on epilepsy and multiple sclerosis.

## Multi-disciplinary team (MDT) working and coordinated care pathways

- Staff from the NOUS service told us there were effective working arrangements with all referrers and GPs.
- When necessary, the NOUS service telephoned referrers to draw their attention to scan results that required immediate attention.
- The community matrons we spoke with told us that there was effective MDT working with all primary and secondary care services. This included the local acute trust and community services.
- Each week an MDT meeting was held in each locality, staff attended this from GP practices, the community matrons and staff from the complex care team of another local independent community health provider. Complex patient needs and ongoing care was discussed and agreed at this meeting.

## Referral, transfer, discharge and transition

- Patients were referred to the NOUS service using the '360 Care Ultrasound Service Referral Form'. This gave patient details, the referring GP, patient history and relevant clinical findings, clinical question and the examination required.
- The ultrasound performance report (April 2016 to October 2016) showed that 44% of referrals to the service were made through the 'choose and book' system.
- The community matrons did not have a caseload of patients, when patients contacted their GP practice for a home visit, either a GP or a nurse practitioner triaged the calls and if appropriate, the patient was referred to a community matron for a home visit.
- We saw that the care pathways supported staff to refer for specialist support where necessary this included specialist services from both acute and community services.
- The community matrons were able to refer patients for specialist support, for example, we saw evidence in patient's records that patients had been referred to district nurses, specialist palliative care services, community dieticians and diabetes specialist nurses where necessary.

# Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Access to information

- Staff in all services were able to access patient's records through a nationally recognised electronic records system.
- Risk assessments and test results were completed at appropriate times during a patient's care and treatment and we saw these were available to staff enabling effective care and treatment.
- There were appropriate and effective systems in place to ensure patient information was co-ordinated between systems and accessible to staff.
- Staff had access to up to date information on performance against objectives and appropriate guidelines were available for staff to ensure they were working to best practice.
- All staff had access to policies, procedures and guidelines on the 360 Care intranet site. Staff were competent using the intranet to obtain information.

## Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- 360 Care Ltd had policies in place to cover deprivation of liberty safeguards (DoLS) and the mental capacity act (MCA). Information and guidance was provided to staff on terminology, issues surrounding capacity when taking patient consent.
- Staff we spoke with were confident in identifying issues relating to mental capacity and knew how to escalate concerns in accordance with guidance.
- Seventy two percent of staff were compliant with MCA mandatory training which was below the organisation's own compliance target of 80%.
- We looked at patient records and all patients had consent in line with policy and guidelines.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Summary of findings

- We observed staff treating patients with kindness and respect. Staff took time to introduce themselves to patients and explain the care, treatment or procedure they were providing.
- We spoke to patients and they told us that staff were considerate and treated them with respect at all times.
- We observed professionalism in all staff interactions with patients and colleagues, without exception. Staff understood and respected people's personal, cultural, social and religious needs, and considered these when providing procedures.
- We observed staff take time to interact with patients in a respectful and considerate manner.

- Staff understood and respected people's personal, cultural, social and religious needs, and considered these when providing procedures. We observed staff take time to interact with patients in a respectful and considerate manner.
- We spoke with eight patients who had been seen recently by the community matrons. The feedback we received was, without exception positive:
  - One said that the service and care they received was fantastic and that 'nothing is too much bother'.
  - Another said the community matron had 'saved her life'.
- We also spoke with five relatives of patients under the care of the community matron. Again, without exception we received positive feedback. This included people telling us that the matrons 'understood their needs too', and that the matron 'explains everything and really looks after both of us'.

## Our findings

### Compassionate care

- The non-obstetric ultrasound service (NOUS) service carried out an annual survey of patients views. Overall the survey showed that all patients rated the service as excellent (97%) or very good (3%).
- As part of the inspection, we left comment cards at different locations for patients to tell us about their experience of the ultrasound service. We received 79 responses, all positive.
- Patients commented that 'the service has been excellent', the staff have been 'very helpful, caring and kind', staff were 'caring and I was treated with dignity and respect' and 'great efficient service, highly recommended, caring staff'.
- We observed the community matrons and NOUS staff treating patients with kindness and respect. Staff took time to introduce themselves to patients and explain the care, treatment or procedure they were providing.
- We spoke to patients and they told us that staff were considerate and treated them with respect at all times.
- We observed professionalism in all staff interactions with patients and colleagues, without exception.

### Understanding and involvement of patients and those close to them

- Patients said staff took time to explain procedures, risks and possible outcomes of the ultrasound procedure.
- Patients were given information in a way they could understand and were knowledgeable about the ultrasound procedure
- We saw that the community matrons had developed positive relationships with patients and their family members and carers.

### Emotional support

- All patients reported that staff spent time with them and staff recognised the importance of time to care and support patients. Patients said this was an extremely positive experience and that they received individualised support.
- Staff were aware of the impact that a person's care, treatment or condition may have on their wellbeing, both emotionally and socially.
- Staff from the NOUS service spoke with patients to ensure they knew the 'what, why, how' regarding their scan and results.
- We saw from care records that the community matrons assessed the emotional support needed by patients and their relatives.



# Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

## Summary of findings

- We saw that services were planned and delivered to meet the needs of local people.
- Clinics were provided at different locations to meet the journey requirements of patients and referrers. This ensured flexibility, choice and continuity of care.
- The service produced an 'Equality and Diversity Annual Report' (2016) that showed 360 Care Ltd was committed to providing services which embrace diversity and which promote equality of opportunity. The report identified specific duties that supported the 'Equality Duty' and outlined progress made to ensure equality and diversity for example, 'Equality & Diversity' training for all staff.
- We saw initiatives in place to support vulnerable people including those with dementia or a learning disability.
- There had been no complaints about any of the services provided in the twelve months prior to our inspection.

## Our findings

### Planning and delivering services which meet people's needs

- The non-obstetric ultrasound service (NOUS) service was planned to meet the requirements of local commissioners. Regular consultation was undertaken with commissioners regarding current and future provision of the service.
- Commissioners were also involved in reviews of the service and the company actively worked with patients to provide an appropriate level of service, based on demand, geography and commissioning requirements. This had resulted in clinics being provided at different locations to meet the journey requirements of patients and referrers. This ensured flexibility, choice and continuity of care.
- All NOUS patients were contacted within five working days once the NOUS referral was accepted and all patients were given a choice of day and time of appointment that was convenient to them.

- At the time of inspection NOUS patients were seen within eight working days of acceptance of their referral.
- We interviewed GPs who told us the NOUS service was excellent, quick and efficient and was very useful. The provision of emergency scan facilities was viewed as an advantage over other providers. This was confirmed through interviews with patients following their scans; all were satisfied and complimentary about the service they had received.
- We saw two case study examples where sonographers had immediately raised concerns about the outcome of an ultrasound with the patients GP and this had enabled prompt review and referral for further treatment.
- The community matrons were aligned to the seven original GP practices; they provided home visits to patients from those practices. The matrons responded to received referrals following triage; this meant that patients were not waiting for a GP to visit between their surgeries.

### Equality and diversity

- The service produced an 'Equality and Diversity Annual Report' (2016) that showed 360 Care Ltd was committed to providing services which embrace diversity and which promote equality of opportunity.
- The report identified specific duties that supported the 'Equality Duty' and outlined progress made to ensure equality and diversity for example, 'Equality & Diversity' training for all staff (completed) and undertake an 'equality impact assessment for non-obstetric ultrasound service' in 2017.

### Meeting the needs of people in vulnerable circumstances

- All NOUS appointments were scheduled for a thirty-minute timeslot. Staff told us this enabled them to give a personalised service to each patient, allowing time for the specific scan, interpretation of results, determine recommendations and provide results to the referrer.
- We saw suitable information leaflets were available and described what to expect when undergoing ultrasound. Translated literature was not readily available in printed form at all of the 360 Services we visited.
- The annual survey of patients (2017) showed 83% of respondents received a copy of the leaflet 'Ultrasound Service' prior to their appointment.

# Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

- 360 Care Ltd had a 'Translator Policy' in place (February 2017) and staff were all aware of how to access 'a telephone interpreter.
- The buildings from which NOUS services were delivered all had a system in place for the hard of hearing that was also signposted.
- The NOUS service signposted advocacy services for people with a learning disability, autism, severe and enduring mental health problems or living with dementia. Advocates worked alongside patients when required to promote and protect their rights and interests.
- Staff from the NOUS service had undertaken dementia awareness training.
- The community matrons provided a reactive, rather than planned service; this meant that when patients contacted their GP for a home visit, the matrons were able to respond in a timely manner.
- We saw that patients living with dementia were automatically flagged, as high risk of admission which meant that when considering visits to prevent admission, these patients were automatically highlighted to the team.

## Access to the right care at the right time

- The NOUS service carried out an annual survey of patients views (2017). This showed 100% of respondents said their appointment was 'timely' and 'suited them'.
- We were given examples of referrers telephoning the NOUS service to arrange emergency scans, these were always accommodated.
- We were given an example of a patient accepted for an emergency scan and followed his care pathway back to

the GP referrer and then on to a local acute hospital for an urgent admission within the same day. This had been possible because of the facility to undertake scans and provide results on a short notice basis.

- Patients who contacted their GP practice were able to access a visit from the community matrons during normal working hours.

## Learning from complaints and concerns

- A 'Complaints Procedure' was in place (reviewed February 2017). This detailed the way in which complaints and concerns made about service would be addressed under the National Health Service Complaints (England) Regulations.
- This was supported by an electronic 'Comments, Compliments and Complaints Case Management System'.
- The services had not received any formal complaints within the last twelve months. Staff told us no formal complaints had been received since the service began in 2013.
- We saw the response to one complaint that related to the repeat prescription line service. This complaint related to a delay in the telephone call being answered. A member of the leadership team had sent a written response following this complaint and within this, we saw that the complainant had received an apology for the inconvenience.
- We saw information about how to raise a concern or complaint on display in the clinics we visited. The service also provided information to patients about the 'NHS Independent Complaints Advocacy North East Lincolnshire', 'MIND Mental Health Information Service' and the 'Patient Advice and Liaison Service'.



# Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Summary of findings

- Staff said clinical leads and business managers were available and approachable; leadership of the service was good, there was good staff morale and they felt supported.
- We saw that 360 Care Ltd had a vision, mission and values statement.
- 360 Care Ltd was managed at a corporate level by a board of directors appointed by shareholders.
- A clinical executive board took overall responsibility for running services at an operational level through lead GPs and business managers.
- The service had processes in place to ensure risks were identified, monitored, managed and controlled through the corporate risk register.
- Staff morale was high within the services. Staff were enthusiastic about their work, the services they provided and about the organisation they worked for. Staff explained that morale remained high due to leadership support and good team working.
- One member of staff told us that 360 Care Ltd were 'the best team ever' and that the senior team were very supportive. Each practice had a 'Patient Participation Group' (PPG) in place. Additionally the service provided information about an area wide community membership body for North East Lincolnshire named 'Accord'.
- We saw examples of innovation.

- Staff reflected on the strong leadership and visibility of senior members of the company. Staff felt senior leadership reflected the vision and values they shared with the organisation.
- There was indemnified leads for the for operational and clinical management of staff employed by 360 Care Ltd.

### Service vision and strategy

- We saw the 360 Care Ltd vision, mission and values statement. Staff we spoke with were aware of these.
- The mission of 360 Care Ltd was to improve local health and wellbeing in the communities served. This was to be achieved through integrated working with local GP practices and to be the leading provider of 'excellent community healthcare services in North East Lincolnshire'.
- The vision was to ensure that patients have access to the best services available:
  - Through service excellence - to deliver outstanding clinical care in a consistent and co-ordinated way.
  - Being patient centred – to fully engage patients in decisions about their healthcare. To continue to improve services in partnership with our patients.
  - Through co-operation and partnership - to value the skills of our colleagues and healthcare partners and work together as one team to help deliver optimal outcomes for patients.
  - Being locally led - continually developing their knowledge of the communities, we serve so that we can be responsive to local need.
- 360 Care Ltd had documented values which were as follows:
  - Responsive - we listen to patients and to our local healthcare partners to ensure we deliver consistent high quality care.
  - Aspirational - we always aim to develop our services working in an open and transparent manner, encouraging feedback and continual improvement.
  - Compassionate - we put patients and their carers at the centre of everything we do. We respect diversity and ensure services are delivered in way we would be happy for our loved ones to receive.
  - Excellence - we strive to deliver the best care at all times.

## Our findings

### Leadership of this service

- During interview, senior staff expressed their understanding of the challenges associated with good quality care and were clearly motivated and enthusiastic about their role. They showed knowledge, capability, skills and experience to lead effectively.
- Staff said clinical leads and business managers were available and approachable; leadership of the service was good, there was good staff morale and they felt supported.

# Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- The company aim was to provide greater opportunities for existing practices and incoming practices to identify business opportunities by working more efficiently together to reduce the impact of cost pressures on primary care. This was to be achieved through links between practices, the development of business opportunities, new initiatives and agreement on business proposals.

## **Governance, risk management and quality measurement**

- 360 Care Ltd was managed at a corporate level by a board of directors appointed by shareholders. A clinical executive board (CEB) took overall responsibility for running services at an operational level through lead GPs and business managers.
- The service had processes in place to ensure risks were identified, monitored, managed and controlled through the corporate risk register. This identified the risk owner, description, controls and contingency plans, timescales, risk rating, review date and mitigated risk rating. We saw that a Board Assurance Framework (BAF) was in place as part of the risk management strategy to identify and manage strategic risks. For example, we saw that an identified risk was that there was not a picture archiving and communication system (PACs) for the NOUS service. PACs is a medical imaging technology that provides economical storage and convenient access to images. This was being partially mitigated with the use of memory sticks however; it was identified that to fully mitigate this risk, 360 Care Ltd needed to procure a PACs system. This was due to be implemented in April 2017.
- The directors of 360 Care Ltd held responsibility for day-to-day management and supervision of the company. Their corporate responsibilities included overseeing contract performance, ensuring effective policies and procedures were in place to deliver safe and effective services for staff and patients.
- The CEB provided clinical leadership and clinical engagement in the company and had responsibility for the integration of health and social care and joint working across primary, secondary and community care. This was achieved through the development of health and social care services, performance, financial and resource management.
- Minutes from the clinical executive meetings showed that the CEB reviewed management arrangements, current financial position, business development and

five-year forward view. The CEB assured clinical effectiveness and clinical governance processes were in place and proposals for the development and change to services were presented to the CEB to ensure quality and patient safety.

## **Culture within this service**

- Staff morale was high within the services. Staff were enthusiastic about their work, the services they provided and about the organisation they worked for. Staff explained that morale remained high due to leadership support and good team working.
- We saw that staff worked well together and we saw examples of good team working between staff of different disciplines and grades.
- All staff we spoke with felt that they received appropriate support from management to allow them to complete their jobs effectively. Staff reported an open culture in their individual service and felt they were able to raise concerns.
- Staff spoke positively about the service they provided for patients and high quality patient care was seen as a priority and everyone's responsibility.

## **Public engagement**

- Each practice had a 'Patient Participation Group' (PPG) in place. Additionally the service provided information about an area wide community membership body for North East Lincolnshire named 'Accord'.
- The non-obstetric ultrasound service (NOUS) service carried out an annual survey of patients views. This showed 98% of respondents received clear preparation guidelines prior to appointment.
- The majority (90%) of patients were seen within five minutes of their appointment time and no patient waited more than ten minutes. All patients rated this as excellent (99%) or very good (1%).
- Patients (99%) said they were informed how they would get their results following their scan and overall the survey showed that all patients rated the service as excellent (97%) or very good (3%).

## **Staff engagement**

- The service carried out an annual staff survey. This showed 67% of respondents were very satisfied or satisfied with their job role and no-one was dissatisfied or very dissatisfied.

# Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- All respondents agreed 360 Care Ltd responded to important issues, most (60%) said changes within 360 Care Ltd were always positive and the same number said they were committed to changes with 360 Care Ltd.
- Staff said there was a 'great team with a common focus to provide good patient services' and a 'supportive team environment, ability to share/discuss/feedback - good teamwork'.
- Staff were able to access information, for example the minutes of the clinical executive meeting, on the intranet. In addition to this staff were sent e-mail updates for example when national safety alerts were issued.
- While there was one comment that there was a 'lack of leadership', this was quantified by 'interim management team are doing a great job, however going forward structured leadership is required'.
- One member of staff told us that 360 Care Ltd were 'the best team ever' and that the senior team were very supportive.

## **Innovation, improvement and sustainability**

- 360 Care Ltd had developed an enhanced system for avoiding unplanned hospital admissions. This included working in an integrated way with general practices and the development of a reporting system that enabled case finding and patient review of vulnerable people. The report used a default to sort the most 'at-risk' patients. The community matron would then review the information in the report and select the patients most at risk. After the visit, the community matron updated the patient's clinical record with additional information gained about the patient, and with actions taken to avoid admission to hospital.
- 360 Care Ltd were also updating their IT systems to include a picture archiving and communication system (PACs) For the NOUS service. PACs is a medical imaging technology that provides economical storage and convenient access to images.