

Bracknell Urgent Care Centre

Inspection report

Brants Bridge Clinic
Bracknell
Berkshire
RG12 9BG

Tel: 01344 551100

www.onemedicalgroup.co.uk/bracknellucc

Date of inspection visit: 31 October 2018

Date of publication: 18/12/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection April 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Bracknell Urgent Care Centre on 31 October 2018. This inspection was planned and undertaken as part of our inspection programme and as part of a wider inspection of the provider (One Medicare Ltd). The provider had agreed to contribute to our Primary Care at Scale project.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes. However, we noted some inconsistent reporting of significant events.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- Some complaints had been managed inconsistently and not in line with the provider's policy and guidance. Verbal complaints had not been documented which made it difficult for them to be included in any future reviews of themes and trends.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider should make improvements are:

- Review and improve significant event reporting processes to enable all incidents to be managed consistently.
- Review and improve complaints processes locally to offer appropriate acknowledgement in line with the provider's guidance. Consider how the service can monitor and record verbal complaints to offer oversight of all feedback offered to the service.

Professor Steve Field CBE FRCP FFPH FRCGP

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a nurse specialist adviser and a second CQC inspector.

Background to Bracknell Urgent Care Centre

Bracknell Urgent Care Centre opened in April 2014 and provides a nurse led, walk in see and treat service for the population of Bracknell and surrounding areas in both East and West Berkshire. The service is also available for patients who work or are passing through the Bracknell area and are registered with a GP service elsewhere. The service is commissioned by East Berkshire Clinical Commissioning Group (CCG) to provide assessment, care and treatment for both minor illness and minor injuries.

The service is one of 11 registered services managed and operated by One Medicare Ltd (the provider). These include urgent care centres, GP practices and walk-in services. The provider's head office and operations centre is based near Otley in West Yorkshire.

There is one male salaried GP lead for Urgent Care at the centre and a second GP (female) was due to start in November 2018. The nursing team consists of three nurse practitioners, a junior nurse practitioner and two triage nurses (all female).

The day-to-day operational management of the service is led by a Clinical Service Manager who is also the Registered Manager for the centre. The Clinical Services Manager is also a Nurse Practitioner with a prescribing qualification and undertakes some clinical shifts as part of their role. The administration team is headed by an Office Manager and three receptionists.

The centre is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

All the regulated activities are carried out from:

Bracknell Urgent Care Centre

Brants Bridge

Bracknell

Berkshire

RG12 9BG

The service has been inspected by the Care Quality Commission before. You can find all the previous reports by accessing our website and clicking on the "all reports" tab for Bracknell Urgent Care Centre.

The service had displayed their previous ratings in the patient waiting area and they were available on the provider website.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. For example, the safeguarding lead worked closely with the Clinical Commissioning Group (CCG) to ensure they were up to date with local safeguarding guidance. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- 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.
- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. We found three occasions between July and August 2018 where the centre did not have a GP on site. (The service was commissioned to provide a GP on site during opening hours). We did not see any evidence patient care had been affected at these times. Appropriate escalation processes had been undertaken and the provider had close working relationships with the local Out of Hours service, local GP practices and access to locum staff through an agency.
- The service used a long-term locum GP to provide some of the GP cover and had recently recruited another full-time GP and Lead Development Nurse who were due to commence working for the service in November 2018. There was a vacancy for a part-time GP (up to 17 hours) and a part-time nurse practitioner (equivalent of 30 hours).
- Use of locum GPs and Nurses had reduced in the preceding 18 months and the service had successfully recruited additional staff to reach the optimum number of staff required. When locum staff were required, the service made attempts to use the same staff who were familiar with the service and systems. For new locums, there was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits. All the nurses recruited in the preceding 18 months were from an acute or emergency background and had knowledge and experience of emergency procedures and guidance.
- We noted there was no emergency policy for staff outlining provider and local procedures. Whilst the provider did not feel this was required for the nursing and GP staff, they decided to review this arrangement for non-clinical staff, to outline their roles and responsibilities, after the inspection.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

Risks to patients

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

Are services safe?

- When there were changes to services or staff the service assessed and monitored the impact on safety. The Clinical Service Manager had regular contact with the provider to review staffing levels and recruitment requirements. They had increased the Nurse Practitioner staffing levels in the preceding 18 months and had recruited a learning and development nurse who was due to start in November 2018.

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 provider had recently become aware of an issue with post event messaging for some out of area patients not reaching their NHS GP. (Post event messaging is an electronic document that is transmitted to GP practices at the end of a consultation with the Urgent Care Centre). Some of the post event messages were from over one month before and the provider did not have a system to determine if all reports had been sent through. Following the inspection, the Clinical Service Manager told us a default email address was identified and the post event paperwork posted, faxed or emailed to the NHS GP by the next working day.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular clinical guardian audits which reviewed prescribing processes to ensure it was in line with best practice guidelines for safe prescribing.

The service had not undertaken any audits of specific medicine groups (for example, antibiotics) as the clinical guardian audits looked at randomly selected patient notes to review record keeping. The provider decided to review this arrangement after the inspection.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There was evidence of actions taken to support good antimicrobial stewardship. Staff had access to local guidelines and could contact the local hospital for advice from a microbiologist, if required.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the local Accident & Emergency department, GP out-of-hours and ambulance services.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- Incidents were raised via an electronic reporting form which were accessible to all staff. Incident forms were sent to specific members of both the local and provider management teams for review and assessment of risk. Local resolution was sought where possible and management raised incidents with external stakeholders where necessary.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. There had been

Are services safe?

nine reported incidents for the Urgent Care Centre in the preceding 12 months. We saw evidence of changes made as a result of the resulting investigations and outcomes such as, increasing supply of minor wound treatment stock and ensuring staff were aware of the correct escalation processes for staff absence.

- We noted there were no reported incidents between March 2018 and July 2018. The service had raised an incident regarding being unable to fill a GP shift in July 2018, but two further episodes of GP shift vacancy in

August 2018 were not escalated through a significant event process. Whilst the GP incidents had been appropriately escalated at the time they occurred, they had been inconsistently recorded using the providers' significant events process.

- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients needs could not be met by the service, staff redirected them to the appropriate service, such as the Accident and Emergency Department.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Arrangements were in place to deal with patients who attended frequently. The provider arranged a GP-to-GP telephone call to advise the patients GP of the attendance and discuss an improvement plan. There was a system in place to identify those patients who attended frequently and protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service made improvements through the use of clinical guardian audits. The lead GP reviewed clinical audit which had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, a quarterly audit of clinical notes was reviewed to ensure the records were clearly written and included all essential information regarding assessment and decision making. Anyone who did not meet the standards was offered one-to-one coaching and the lead GP discussed the results at team meetings.

We saw quarterly audits of general prescribing where 20 clinical notes were reviewed per quarter against set criteria for accurate and appropriate prescribing. The September 2018 audit (for the period July to September 2018) showed 100% compliance which was an improvement on the April to June 2018 audit showing 97% compliance.

We noted there had been no prescribing audits of specific medicines or population groups (for example, antibiotics or patients presenting with sore throat). The provider informed us they would review this after the inspection.

The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group (CCG) to monitor their performance and improve outcomes for people. The service shared with us their performance data for September 2018 that showed:

- 100% of patients who arrived at the service completed their treatment within four hours. This was better than the target of 95%.
- 8.6% of people who attended the service between October 2017 and September 2018 were advised to attend the local Accident and Emergency (A&E) for further care or treatment. There was no target set by the CCG and the provider was required to review the A&E referrals to ensure they were suitable. The lead GP reviewed a random sample of 30 case notes of patients referred to a local A&E. The September 2018 audit (for the period July to September 2018) showed 93% of cases had been appropriately referred for further investigation and treatment. This was consistent with the previous quarterly audit. Where an inappropriate referral was identified, the individual staff member was offered a discussion with the lead GP and advised where they could access additional guidance.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection control and basic life support.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them.

Are services effective?

Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The Clinical Service Manager had instigated a development program for a Junior Nurse Practitioner (NP) pathway. The provider funded university accredited nurse training to enable the Junior NP to become qualified in appropriate skills and so they could progress to a Nurse Practitioner role. The provider had decided to offer the same development programme in some of their other services.

- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. Appraisals were not up to date for all staff. We saw protected time had been booked for three staff, who had been due their appraisal in October 2018, to undertake their appraisals by the end of November 2018.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. The provider had oversight of the service delivery and worked with local managers to support any issues or concerns identified.
- Staff communicated promptly with the patient's registered GP so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. The service had identified not all the discharge letters sent electronically had been received by the patient's own GP. The provider put in place a new system to identify these within 24 hours and ensure a written copy was sent to the appropriate GP practice by the next working day.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.

- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- Any issues with the Directory of Services were resolved in a timely manner.

Helping patients to live healthier lives

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

- The service identified patients who may be in need of extra support, such as patients who had a hearing impairment and required collecting from the waiting room.
- Where appropriate, staff gave people advice so they could self-care.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. There were protocols in place to offer patients advice on worsening symptoms and when to seek further advice or treatment.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. We saw reception staff offering advice on services locally when patients were redirected.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Clinicians could use a provider template for taking written consent where necessary.
- The provider had a policy in place for seeking consent appropriately. We were not shown any audits of consent or advised how the provider monitored the process.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs, such as those who had mental health needs. The GP could access crisis care and support where necessary and supported Nurse Practitioners with caring for patients presenting with mental health associated concerns.
- All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the service.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than

English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff told us they would work with and involve family, carers or social workers when treating patients with learning disabilities or complex social needs.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. The service had a hearing loop but at the time of the inspection it was not working. The provider planned to ask other services within the building if they had a hearing loop and arrange to share the equipment, when necessary, until theirs could be replaced.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- 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.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, a recent review of the attending population demonstrated high use by patients under the age of 16. The provider had ensured all staff were aware of Gillick competence for the assessment of young patients and checking understanding.
- The provider engaged with commissioners to secure improvements to services where these were identified.
- The provider improved services where possible in response to unmet needs. For example, the Clinical Service Manager had initiated a blood testing service for patients attending with a possible deep vein thrombosis (DVT - a blood clot often found in the deep veins of the legs). Prior to the blood testing capability, all patients with a possible DVT would be sent to the local Accident and Emergency Department (A&E) for further assessment. The DVT blood testing service had commenced in August 2018 and had reduced the number of possible DVT referrals to A&E by 75%.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, if a patient with hearing impairment attended the service, the reception team would add an alert to the patient notes informing the clinical staff where they were sat in the waiting room so they could be collected in person.
- Care pathways were appropriate for patients with specific needs, for example babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. The service had access to large print leaflets and had the facility to make audio recordings of information if patients required an alternative to written documents.

Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The service operated from Monday to Sunday from 8am to 8pm (including public holidays).
- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived.
- The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.

Patients had timely access to initial assessment, test results, diagnosis and treatment. We saw the most recent key performance indicators (KPIs) results for the service (September 2018) which showed the provider was meeting the following indicators:

- 96% of adult patients (over the age of 18) who attended the service were assessed by a clinician within 30 minutes of arrival. This was better than the CCG target of 80%.
- 88% of patients aged under 18 who attended the service were assessed by a clinician within 15 minutes of arrival. This was better than the CCG target of 80%

The service had agreed and were commissioned to provide specific initial assessment times by the Clinical Commissioning Group (CCG). The agreed contractual measures were for all children (under the age of 18) to be assessed within 15 minutes of arrival and all adults (over 18) to be assessed within 30 minutes of arrival. The service had reviewed the NHS England guidance for Urgent Treatment Centres and in discussion with the CCG had concluded their service did not meet the specification of the requirements of the standard. The standard was discussed during the inspection and the provider decided to review and discuss the assessment times again with the CCG.

Are services responsive to people's needs?

Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.

- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- Patients with the most urgent needs had their care and treatment prioritised. The triage nurse offered advice and initial treatment to patients and advised on the expected waiting time. Patients with urgent needs were escalated appropriately.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Referrals and transfers to other services were undertaken in a timely way. When patients were re-directed to another service, the staff offered worsening advice and instructions. They were able to arrange for an ambulance where necessary.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance. Thirteen complaints were received in the last year. We reviewed two complaints in detail and the complaints log. We found some inconsistencies in how complaints were acknowledged and handled, which was not in line with the provider's complaints policy. For example, the provider stipulated all complaints should be responded to within three days and we found three occasions where this had not been adhered to.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. Complaints were monitored at provider level which enabled cross sector investigation and management.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. Staff had been offered additional support and training in response to complaints regarding staff attitude. Formal training on complaints was being devised by the provider and was planned for early in 2019.
- We noted not all verbal complaints that had been acted upon by staff, had been added to the complaints log. The addition of these complaints would allow the service to review additional trends and themes from patient feedback. The service told us they would review this after the inspection.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were approachable. Local leadership was visible to staff and the provider offered regular telephone meetings to ensure provider level leadership was accessible. Leaders and managers from the provider head office in West Yorkshire, regularly visited the urgent care site and were available to discuss concerns with staff.
- The provider worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective escalation system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities both locally and nationally. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider worked with staff to engage them in the delivery of the provider's vision and values.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance of staff if it was 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. We saw an example of how the service responded to a recent breach of confidentiality and how they had informed those involved.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received an annual appraisal in the last year or had protected time to undertake their appraisal within a reasonable timescale. 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. The provider had a clinical supervision programme available for clinical staff to use. We were told none of the clinical staff had requested this and felt they could discuss any clinical concerns through regular meetings and daily huddles.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. We saw that structures, processes and systems to support good governance were in place at provider level. This included, for example, for the reporting and oversight of significant events and complaints.

Are services well-led?

Systems were also in place at provider level to enable them to respond to emerging risks; for example, any short term or unexpected staff shortages. Twice-weekly calls were held for clinical leads from each of the provider's registered services to join.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and coordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We noted the significant events and complaints policies were not always followed at local level. The provider told us they would review these areas with local leaders after the inspection.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage the current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints. Provider and local leaders had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical guardian audits had a positive impact on quality of care. There was clear evidence of action to resolve concerns and improve quality. The provider had not considered reviewing quality improvement activity for specific patient groups and outcomes. They told us they would review this after the inspection.

- The provider had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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.
- 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 used information technology systems to monitor and improve the quality of care. When the service was made aware of a concern with their information technology not sending discharge summaries to GPs who were out of the area, they had responded quickly to put in place an alternative process.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service had created a "You said, we did" board in the waiting room to inform patients of changes that had been made as a result of feedback.

Are services well-led?

- Staff were able to describe to us the systems in place to give feedback, including the friends and family test, the complaints system and NHS choices website. There were also notices advising patients to “chat with the person in charge” if they wanted to offer feedback about the service.
- Staff were encouraged to offer feedback to the service and could raise concerns or issues during team meetings and daily huddles. The huddles offered the opportunity for staff on duty to understand and share information about the service such as, changes in staffing, IT issues or learning from complaints or significant events. A daily checklist was completed by the clinician in charge, but the information discussed during the huddles was not documented.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service had recently supported a paramedic practitioner from a local GP service (not provided or managed by One Medicare Ltd.) to improve and enhance on their minor injury and illness competency skills.
- The service was keen to engage with local GP practices and other stakeholders to offer a coordinated service and understand what the needs of patients were locally.
- A paediatric consultant (a senior doctor who specialises in child medicine) from a local hospital had offered to facilitate a teaching session with clinicians to improve care and treatment of younger patients.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements at both local and provider level.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Staff were encouraged to offer ideas and suggestions for innovation and improvements to the service.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. One of the nurses was due to commence the Nurse Practitioner programme in December 2018 and a development lead nurse had been recruited to commence in November 2018.