Primary Care Out Of Hours (GUM site)

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We inspected ELMS Primary Care Out of Hours (GUM site) on 19 November 2014. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We rated the service as Good.

Our key findings were as follows:

- Access to the service was effective.
- There was a clear management structure to support and guide staff.
- Patients told us they felt safe at the service and were treated with respect, dignity and compassion.
- The practice was well maintained and clean.

We saw several areas of outstanding practice including:

- The use of the Medical Intraoperability Gateway (MIG) electronic system to allow GPs at the service to access the front page of patients records held at their usual GP practice. This allowed GPs at the service to have read only access to patients allergies, medication and any recent tests carried out by their GP. This was only available once patients had given their consent.

However, there were also areas of practice where the provider needs to make improvements.

In addition the provider could:

- Improve signage within the hospital for the service
- Ensure appropriate access to emergency equipment.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The service is rated as good for providing safe services.

Safety within the service was monitored and ways to improve were identified. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal incidents were discussed to support improvement. Information about safety was used to promote learning and improvement. Risk management was part of daily practice and recognised as the responsibility of all staff.

Staff took action to safeguard patients and when appropriate were aware of the process to make safeguarding referrals.

Are services effective?

Good

The service is rated as good for providing effective services.

There was an effective system to ensure timely sharing of patient information with each patient's own GP to ensure continuity of care. Staff ensured that patients consent to treatment was obtained and appropriately recorded. Processes were in place to monitor and support staff performance within the service

Are services caring?

Good

The service is rated as good for providing caring services. Patients told us they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services.

The service responded in an effective and timely manner to patient's needs. There was a comprehensive complaints system and we saw that any learning from complaints was shared with staff. The service had an active Patient Voice Group (PVG) who were involved in all aspects of the service and carried out regular patient satisfaction surveys

Are services well-led?

Good

The service is rated as good for providing well-led services. The service had a clear vision which had quality and safety as its top

Summary of findings

priority. A business plan was in place which monitored and regularly reviewed all services. We found there was a high level of constructive patient engagement. Staff told us they worked for a supportive and progressive organisation.

There was a clear commitment to learn from complaints and incidents. The service demonstrated an open approach to these issues and informed staff of any learning required, both clinical and general.

Summary of findings

What people who use the service say

We spoke with eight patients but unfortunately did not receive any completed comments cards which had been supplied by the Care Quality Commission.

All patients were complimentary about the service and the care provided by the staff. They told us they found the doctors, reception staff and nurses to be friendly and supportive to them. The patients who had used the service before told us they had been very satisfied with their treatment and had not needed to see their own GP to get the problem sorted out. One patient told us using the OOHs service was their service of choice as due to work commitments they could not access their own GP.

The service had an active Patient Voice Group which carried out monthly patient satisfaction surveys. Recent results indicated 88.4% of patients were satisfied with their consultation, 65% rated the consultation as good or excellent with 70% of patients rating their diagnosis as good or excellent.

Feedback from patients both verbally and through the surveys although positive did highlight the lack of signage to find the service as a major problem. One patient told us they had walked past the service twice and sought assistance from a trust member of staff who could not direct them.

Patients we spoke with told us they had no reason to complain about the service they received.

Areas for improvement

Action the service SHOULD take to improve

- Patients told us signage for the service is very poor and needs to be more evident to assist visitors to the service.
- The Automated Electronic Defibrillator for use in emergency was stored out of immediate reach of staff in one of the treatment rooms.
- Staff at the time of the inspection had not undertaken Mental capacity Act 2005 training.

Outstanding practice

The service had access to the Medical Interoperability Gateway (MIG) electronic system to allow GP's at the service to access the front page of patient's records held at their usual GP practice. This allowed GPs at the service to have read only access to patient's allergies, medication and any recent tests carried out by their GP. This was available alongside summary care records and was only available once patients had given their consent to their own GP.

Primary Care Out Of Hours (GUM site)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, practice nurse and expert by experience.

Background to Primary Care Out Of Hours (GUM site)

The service is commissioned by the Clinical Commissioning Group to provide Out of Hours consultations to patients registered with local GPs in the Blackburn with Darwen locality. The service is provided from 8pm – 12 midnight Monday to Friday and from 8am – 12 midnight at weekends.

Patients accessed the service via their own GP telephone answering system which redirected them to the 111 service. Patients were triaged and prioritised by 111 service and their details passed to the ELMS call handling where they were contacted and offered a timed appointment.

There is one GP available Monday to Friday supported by a receptionist offering 15 minute appointments and there are 2 GP's and nurse offering appointments at weekend.

The service is part of a not for profit organisation who deliver Out of Hours services across the local region at a number of locations.

The service is located within the NHS Trust and shares their premises with a day time Trust service who vacate the premises at 6pm to allow Primary Care Out of Hours to start their appointments.

A recent Patient Voice Group (PVG) walk about of the location identified a number of issues that may be experienced by patients accessing the service. These included poor signage of the service, lack of awareness of Trust staff of the location of the service and the distance from usable car parks especially for patients with mobility restrictions. However the PVG acknowledged these were not issues that were within the remit of the service but were urging the Trust to address these findings.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had been inspected before.

How we carried out this inspection

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

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

Detailed findings

‘Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 19 November 2014. During our visit we spoke with a range of staff including managers, a GP, reception staff and patients who used the service. We spoke with a nurse from the service following the inspection as she was not available on the day.

We observed how people were being cared for and talked with carers and/or family members.

Good

Are services safe?

Our findings

Safe track record

The service had systems in place to monitor all aspects of patient safety. Information from our own care Quality commission (CQC) systems and those of Blackburn with Darwen Clinical Commissioning Group indicated the service was appropriately identifying and reporting incidents.

There were comprehensive policies and protocols in place both electronically and in hard copy for staff to follow.

The Registered Manager (RM) informed us that all incidents, accidents and reportable concerns were input onto their electronic system for investigation, and any subsequent actions and improvements were cascaded to staff.

The service had systems in place to monitor all aspects of patient safety. For example there were systems for staff to access information regarding any safety alerts, such as medical devices. Staff we spoke with told us they were aware of their responsibilities to raise concerns and were supported to report incidents internally or externally as appropriate.

Staff told us they could access any GP in the service for support if they required it.

GPs and Nurses had monthly reviews of their records to ensure assessment; treatment and management of patients were in line with best practice and national guidance. The RM advised us they would speak to the person if the results were consistently poor and improvements or personal development such as training would be put in place.

Complaints were fully investigated and discussed at the monthly governance meetings.

The service had an up to date risk register to ensure all staff were aware of any risks associated with providing their service, this included risks associated with lone working.

Learning and improvement from safety incidents

The service had a comprehensive system in place for reporting, recording and monitoring significant events. All staff were aware of their responsibility for reporting significant or critical events and our conversations with them confirmed this. The manager told us and staff confirmed they were made aware of their roles and responsibilities with regards to incident reporting during their induction where they were shown the process.

The RM forwarded information to the CQC which suggested there had been no reported significant events at this service over the last 12 months. We discussed this with the RM and saw the clinical governance team kept this topic on their monthly meeting agenda. Staff were aware of notifications to be reported to CQC.

We saw that one recent incident from this service had yet to be discussed at the clinical governance meeting and once this was done it would be added to the log of events. However this had already started to be actioned following investigation by the management team.

We discussed the process for dealing with safety alerts with the nurse. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. They told us alerts came into the practice electronically and were printed and passed on to clinicians and those who needed to see them. Any actions to be taken were agreed and a record was kept of alerts.

Reliable safety systems and processes including safeguarding

The service had systems in place to safeguard patients at risk of harm. Any concerns regarding the safeguarding of patients were passed on to the relevant authorities by staff as quickly as possible. All staff we spoke with were aware of the safeguarding process and policy and there was information in hard copy also available to assist staff in this process.

GPs and nurses received training in safeguarding adults and children to the most appropriate level, level 3 on a three yearly basis. We saw from the training planner all clinical staff had either completed this training. Non clinical staff received level 1 training on a 3 yearly basis.

Staff we spoke with demonstrated an understanding of safeguarding patients from abuse and the actions to take should they suspect anyone was at risk of harm. The service had the local authority safeguarding adult and children policies available to staff and had systems in place to safeguard patients at risk of harm.

Good

Are services safe?

There was information available for patients advising they were able to request a chaperone during their consultation if they wished. Staff who carried out this role had undertaken appropriate training, however we were informed this was not often requested by patients.

We saw a 'flagging' system could be used by in-hours GPs to alert out-of-hours GPs and staff if there was an issue (safeguarding/ risk) concerning a particular patient. This demonstrated a commitment to ensuring patients safety by effective communication between GP services. GPs at the service had access, if patients consented, to the front sheet of the patient's electronic records within their own GP practice. This made sure any relevant information regarding the patient's well-being could be accessed by all services that may come into contact with them. This information was available in addition to the summary care records.

Medicines management

Security measures were in place for medicines within the service. Keys or access rights for the rooms where they were stored were controlled and only authorised staff were allowed access.

The service had well stocked medicine cupboards but these medicines were only given to patients when they could not access the local pharmacy. All medicine expiry dates were clearly marked and individual emergency medicine boxes were available for specific conditions such as meningitis. This allowed for safe timely access to all the required medicines to treat the condition in an emergency situation.

We were informed that a checklist of each medicine in the cupboards and emergency drugs box and its expiry date was completed weekly. All medicines used were added to a purple report where a supervisor would replenish the item before the next clinic started.

Clear records were kept whenever any medicines were used within the service these were recorded in the patients' record for future reference.

We checked the security and safe storage of prescription pads. We saw the prescription pads were stored in a locked cupboard with access restricted to authorised staff. The service only held prescriptions for use electronically and these were fully recorded when they were added to the computers at the start of the clinic and then again when they were removed at the end of the clinic.

We saw that a medicines audit was completed bi-weekly by the medicines management team and checked daily by staff on site for any discrepancies which would be immediately addressed.

We gained assurance from the GP that medicines administered or prescribed were fully recorded in the patient's records for future reference.

Medicine fridge temperatures were checked and recorded daily.

Cleanliness and infection control

We were shown the infection prevention and control policy (IPC) for the service which had an identified IPC lead person. We were told staff had training in IPC to ensure they were up to date in all relevant areas.

Gloves and aprons were available in all treatment areas. Hand hygiene technique signage was displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in all areas.

All treatment areas had hard floor covering and this was appropriately sealed to reflect IPC guidance.

The service had access to spillage kits to enable staff to appropriately and effectively deal with any spillage of body fluids.

Sharps bins were appropriately located and labelled within the service. Staff were aware of what to do should they sustain a needle stick injury.

Cleaning in the service was carried out by NHS Trust cleaning staff.

Equipment

Emergency equipment including oxygen was readily available for use in a medical emergency.

We saw that staff had access to pulse oximeters and blood pressure monitoring equipment which had been calibrated. Portable appliance testing on all equipment not directly owned by the service was carried out by the NHS Trust engineers; we saw records to support maintenance and testing of all equipment owned by the service. All equipment tested by the NHS Trust had stickers attached with dates and initials.

Good

Are services safe?

An Automated Electronic Defibrillator was available for use by staff, this was stored within one of the consulting rooms, we discussed with the RM that this should be stored where staff can easily access it. She assured us this would be moved.

Staff we spoke with told us they had sufficient equipment to enable them to carry out examinations, assessments and treatments

Staffing and recruitment

The service had an effective recruitment policy and process in place, staffing within the service was stable and most staff had been employed for many years

We looked at eight staff files and found them to be comprehensive and well maintained. They contained appropriate curriculum vitae and references for the person to be employed. All appropriate checks including references and health checks were carried out before the staff member started working within the service. All patient facing clinical and non-clinical staff had annual disclosure and barring checks in line with good practice guidelines. DBS checks are police and criminal record checks to verify the suitability of the person to the role they will be employed for.

We were advised the GPs working within the out-of-hours service were mainly GPs from around the local area. This meant patients would be seen by experienced GPs who were familiar with the local health and social care service should they need to refer patients promptly to them.

Where relevant, the service also made checks the member of staff had adequate and appropriate indemnity insurance was a member of their professional body and on the GP performer's list. This helped ensure that new staff met the requirements to work within the out-of-hours area.

As part of the quality assurance and clinical governance process the Registered Manager checked the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) registration lists to make sure clinical staff were appropriately registered.

We were shown the staff induction package which was in-depth and covered all aspects of the service.

Monitoring safety and responding to risk

The service had clear lines of accountability for all aspects of patient care and treatment.

Corporate clinical governance meetings took place every month and we saw a selection of minutes from these meetings.

We found the service ensured that the clinical staff received annual cardiopulmonary resuscitation (CPR) training and training associated with the treatment of anaphylaxis.

There were appropriate arrangements in place to manage unexpected staff changes or shortages.

The service maintained an up to date risk register which was discussed and updated on a monthly basis to ensure all risks were appropriately assessed and addressed.

We saw accurate records regarding treatment and prescribed medication were maintained when patients used the service. These records were electronic and sent directly to the patient's electronic record held at their own doctor's surgery. This meant that information was available the next working day for the patient's own doctor to review.

The service had arrangements for reporting significant incidents that occurred. A significant event reporting policy was available for staff so they knew how to report incidents for investigation. The GP informed us that GP to GP peer discussions took place regarding any incident or event so any identified risk could be investigated, actioned and risk mitigated where able to do so, and that staff learning from events took place.

The service completed National Quality Requirement data for Out of Hours services on a monthly basis.

Arrangements to deal with emergencies and major incidents

The service at the time of the inspection, even though located on the local NHS Trust site was not able to access the internal cardiac arrest/emergency support processes for patients who may need assistance during an emergency. The process followed by the service was to call 999 and request paramedic support; this had been the subject of a recent complaint from the ambulance service as inappropriate use of a paramedic considering the site was located on Trust premises. As part of the investigation process into this complaint, the situation was addressed following discussion with the Trust Executive team the day after the inspection and the service is now able to access this process.

Good

Are services safe?

There was a comprehensive business continuity plan in place to deal with emergencies that might interrupt the smooth running of the service, such as power cuts and adverse weather conditions.

Staff were trained to a minimum of basic life support to treat patients who had an emergency care need. Emergency equipment was available including access to Oxygen and an automated external defibrillator.

Staff knew what to do in event of an emergency evacuation and all fire equipment was tested and maintained in line with manufactures guidance. Fire alarm testing was conducted by the Trust on a regular basis

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance accessing

guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs.

The service had access to patients summary care records and electronic information about the patients attending the service. Appointment slots were 15 minutes in duration this allowed for a thorough and complete history to be taken before any decision regarding care was made.

Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support.

ELMS Primary Care Out Of Hours service provided care for all age groups with a wide variety of needs. As such they had close working relationships with other health care professionals to ensure the care delivered was the most appropriate and up to date for that patient. The GP told us they had accessed support from the Trust CRISIS management team for a patient presenting that evening with a mental health need; this had been a timely communication, resulting in the patient receiving information and support appropriate to their current need.

The service had a comprehensive consent policy to assist staff to ensure consent was gained and recorded in line with national guidelines. Nurses and the GP we spoke with identified differences between implied and informed consent and when each would be used whilst treating their patients. Nurses were able to discuss with us when they would need to apply Gillick Competency to assist them to treat patients under the age of 18, to determine their understanding of consenting to any proposed treatment.

Patients requiring assistance under the Mental Capacity Act 2005 were supported as required by the team. The GP told us they had access support from the Trust CRISIS management team for a patient presenting that evening with a mental health need, this had been a timely communication, resulting in the patient receiving information and support appropriate to their current need.

Management, monitoring and improving outcomes for people

Patient's comments demonstrated that they were extremely satisfied with the care and treatment received from the doctors and nurse at the service. They did however comment continuously on the poor signage for the service.

All records for patients attending the service were sent to their own GP electronically immediately or by 8am the following day at the latest. This ensured that GPs were aware of their patient's attendance at the service and any tests carried out.

The managers of the service had a variety of mechanisms in place to monitor the performance of the service and to ensure the clinician's adherence with best practice. A system called Clinical Guardian allowed the service to carry out focused audits of cases, categorise clinicians, given detailed feedback and manage performance and productivity of the team. This audit was carried out on a monthly basis by three auditor's dependant on the category the practitioner was placed within. This allowed for more closely monitoring of staff that had not scored well the month before and to address their needs in a timely manner. Feedback was supplied electronically with the option to discuss the results with an auditor if the practitioner felt the need. One GP told us they had asked for further discussion when they had disagreed with the results. At the time they but did not feel at the time the ratings were clear but felt things had improved as they were now standardised.

Staff told us medicine and safety alerts were shared with them and any actions required were discussed as a team and implemented fully in a short timescale.

Staff said they could openly raise and share concerns about clinical performance.

All staff maintained a range of mandatory training, including fire safety and safeguarding for adults and children. Some training was available to staff via e-learning, others undertook training in their own practices.

Good

Are services effective?

(for example, treatment is effective)

Appraisals were on-going for all staff in their own practices and used to support their work at the OOHs service.

The service had a system in place for completing clinical audit cycles. An example of clinical audit carried out was a full review of Special Patient notes held within the service that had not been reviewed/attended the service within six months. This found a large number of patients who could not be validated and these were sent back to their respective GPs to update and return. Others included medication audits on hypnotic drugs and antibiotic prescribing which had been completed. Re-auditing had not been carried out at the time of the inspection

Effective staffing

The service had systems in place to ensure staffing levels were adequate to meet patient's needs. This included forward planning.

Clinical staff we spoke with described staffing levels at the service as good. The Registered Manager advised us staffing levels were determined by previous trends but there were escalation procedures available during periods of unexpected high demand. This involved bringing in extra staff to support the increased numbers of patients presenting at the service.

Processes were in place to monitor and support staff performance within the service. We discussed with the RM that the reception area would potentially be left unsupervised, as there were no measures in place should a receptionist be required to be a chaperone. The RM assured us this had not been an issue to date, however they would look at ways to reduce any potential risk. There were no staff capacity issues raised by staff.

All GPs took part in the NHS revalidation process. Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the General Medical Council (GMC). GPs signed a staff training declaration regarding the completion of their mandatory training requirements.

The registered manager evidenced that the nurses maintained their registration with the Nursing and Midwifery Council (NMC) .

Staff knew what to do in event of an emergency evacuation.

Working with colleagues and other services

The service was located close to the NHS accident and emergency department at the local NHS Hospital however this did not facilitate a close working relationship between the services. Managers informed us they were working on this relationship with the Trust.

The service was currently setting up and implementing a Clinical Hub for Healthcare professionals to assist in avoiding admission to hospital for patients in the local community.

This process was designed to ensure treatment for patients in a timely manner which did not disadvantage their home commitments. For example if they were carers this assisted them to have their own immediate health care needs addressed or treated without having to worry about their responsibilities to others.

There were close working relationships across all services provided by ELMS and support was offered across sites as required.

Information sharing

There was an effective system in place to ensure information about patients was shared with the patient's own GP at the earliest opportunity. We saw that patient information was promptly shared with each patient's own GP for continuity of care.

All patients requiring transfer to other services were transferred with copies of electronic records of the treatment they had received.

Consent to care and treatment

Staff ensured that patient's consent to treatment was obtained and recorded appropriately. They had a comprehensive consent policy to assist staff to ensure that consent was gained and recorded in line with national guidelines. Staff we spoke with were aware of the various forms of consent and when each would be used whilst treating their patients and when they would need to apply Gillick competencies to assist them to treat their younger patients.

Issues relating to patients requiring assistance under the Mental Capacity Act 2005 were supported as required by the NHS Mental Health crisis teams and local social workers.

Good

Are services effective?

(for example, treatment is effective)

Health promotion and prevention

Patients were encouraged by the service to take an interest in their health and to take action to improve and maintain it. This included advising patients on the effects of their life choices on their health and well-being.

We found limited patient information available in the waiting areas however staff we spoke with assured us they had access to literature should they require it.

The Registered Manager advised that as they were based in part of the Trust ambulatory care department which was operational in daytime hours, it was difficult for them to display their health promotion literature in the waiting area. Staff however provided information and literature to patients as required during their appointment in the consulting room or over the phone.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The reception staff treated people with respect and ensured conversations were conducted in a confidential manner. We found staff were very knowledgeable about their systems and recognised when an issue raised by a patient was an emergency.

We saw there was good, friendly and professional interaction between patients and staff whilst in the waiting room. We noted staff treated patients with respect and kindness. All the patients we spoke with said staff had treated them with respect and maintained their privacy and dignity

Staff were able to demonstrate verbally their awareness of what they should do if a patient's condition deteriorated or caused concern.

A hearing loop was available if required. Staff had access, through Language Line, to interpreters to assist with consultations with patients whose first language was not English.

Care planning and involvement in decisions about care and treatment

The patients we spoke with confirmed they had been involved in decisions about their care and treatment. They told us their treatment had been fully explained to them and they understood the information given to them. This suggested a commitment to supporting patients to make informed choices about their care and treatment.

Male and female GPs were available across the services offered by ELMS and patients were given a choice during their triage of which location they chose to attend. As only one GP was available at this location, patients' who requested a gender choice of GP may need to attend the services' alternative location.

Staff told us they maintained complete and accurate patient records which were a summary of their consultation with the patient. This included past medical history and any medications or allergies they may have, the date of the onset of their symptoms, the severity, and of any treatment the patient may have already tried. They discussed any relevant treatment options so that the patient was involved in the decisions about their care and treatment.

Staff we spoke with had awareness of the Mental Capacity Act (MCA) 2005 however we found the GP on duty during the inspection had yet to complete MCA training. Other staff had all completed MCA training with the local CCG.

Patient/carer support to cope emotionally with care and treatment

We were informed by patients that they were appropriately supported and offered information about what to do should their condition change or worsen, as well as information about how to support their recovery with the treatment given. Patients said they were very clear when they needed to see their own GP and that when they attended their own practice for a follow up it was clear the services had communicated the care and treatment they had received.

Patients reported that staff were receptive to their care and treatment needs, staff listened to their concerns and patients told us they did not feel rushed during their consultation.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Appointments at the service were accessible to patients with mobility difficulties and wheelchairs were available at the main entrance to the hospital. However feedback from the patent voice group was that the service was too far from the available car parking areas and was poorly signposted. They also highlighted that patients attending the service during out of hours would have to pay for their car parking when most GP surgeries did not charge for this. Patients did acknowledge that whilst these issues were a concern they were happy to have been seen by the service and felt most of the issues were actually out of the hands of the service.

The consulting rooms were suitable with easy access for patients. There was also a toilet for disabled patients available.

The service had a business continuity plan in place to deal with foreseeable emergencies that might interrupt the smooth running of the service, in order to respond to patient's needs.

We saw there were contact details for various services available in the local area. This meant staff had access to information needed to make referrals or obtain specialist advice when required.

National Quality Requirements (NQR's) for out-of-hours services capture data and provide a measure to demonstrate the service is safe, clinically effective and responsive. The service produced monthly and annual reports across the service overall rather than its individual locations.

Tackling inequity and promoting equality

Staff could access diversity and equality training which the registered manager informed us was also provided at induction and the service had an appropriate policy in place for staff to follow.

Clinical staff we spoke with were aware of the local Clinical Commissioning Groups' Equality and Inclusion Strategy 2013-2016. This was designed to tackle current health inequalities, promote equality and fairness and establish a culture of inclusiveness.

Access to the service

The premises were accessible for patients with limited mobility such as wheelchair users.

Patients we spoke with commented on the professional attitude of staff and their kindness. Some commented on how the service provided reassurance for them and their children when their own GP practices were closed. They also commented on how they felt listened to and that the GPs and nurses carefully took all their concerns on board. Others commented they had found the service hard to find and felt hospital staff had not been able to assist them. One lady told us she had walked past it twice before finding it due to poor signage however once there everything had been fine.

The patients said access to the service once booked in with the receptionist was timely and their needs had been fully addressed. Patients told us they felt they their care had been discussed with them fully and the reason they had been advised to come into see the nurse or GP had been fully explained.

Children attending the service were prioritised as required but in general they were seen as soon as possible after arrival.

Listening and learning from concerns and complaints

The service has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice.

During the period from April 2014 to the day of the inspection the service had had a total of four complaints. All complaints had been fully investigated and any delays in replying had been notified to the complainant with an explanation.

We could see some changes in practice and process had been instigated from the complaints received. Each complaint was fully recorded electronically and we saw they were fully discussed at governance meetings across the service. We saw the investigations into the complaints were thorough and impartial.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The service had a clear vision to deliver high quality care and promote good outcomes for their patients. The service vision and values included delivering appropriate evidence based care to any patient who required it within the local community in a timely manner and to have committed and motivated caring staff who treat all patients as individuals.

The registered manager told us about the various meetings management staff attended to help keep them up to date with any new developments, professional updates and medical devices alerts or concerns. Staff knew their responsibilities and were satisfied they provided a good service for individual patients.

We saw evidence that showed the service worked with the Clinical Commissioning Group to share information, monitor performance and implement new methods of working to meet the needs of local people where appropriate to do so.

We spoke with seven members of staff and they all knew and understood the vision and values of the service.

Governance arrangements

The service had a comprehensive business continuity plan to assist staff to maintain the service during any unforeseen event such as a power outage.

We saw the service corporate risk register was updated at every governance meeting with new risks and actions taken to mitigate the risks identified. We were assured that all staff understood risk management and were fully involved in mitigating risk within the service.

Staff we spoke with were aware of their roles and responsibilities, had understanding of the leadership within the service, and fully understood the appropriate reporting mechanisms in place where risk was identified and escalation required.

The use of the Clinical Guardian process ensured staff were working to the guidelines of the Royal College of General Practitioners toolkit for audit. This was used to assist staff to improve or maintain their practice to ensure patients had positive outcomes with the service.

Staff had access to a range of policies and procedures which were kept up to date. We looked at several of the policies and saw they were comprehensive and covered a range of issues such as medicines management, complaints and safeguarding. The policies and procedures were available to staff on line and in hard copy. Staff had access to current guidance to support them in their work.

We saw from minutes of team, governance and quality meetings that staff were able to discuss issues in an open manner and work together to achieve an outcome they were all happy with. Systems and feedback from staff showed us that strong governance structures were in place.

There was a process for clinical audit across the whole of the ELMS services and information was shared at all levels. Audits on medication were shared electronically with staff with there was a facility to discuss the findings as required.

Leadership, openness and transparency

All staff were observed to follow the vision and values of the service which were very clear. There was an open and honest culture and clinical, administrative and reception staff all encompassed the key concepts of compassion, dignity, respect and equality. They welcomed input from patients of the service and acted upon feedback.

Staff felt supported in their roles and were able to speak with the manager at any given time. They also said they would be happy to speak to any of the GPs if they felt they had any worries. Staff told us they felt valued.

The supervisor undertook appraisals for the reception and administration staff on an annual basis. This gave staff an opportunity to discuss their objectives, any improvements that could be made and training that they needed or wanted to undertake. Nursing staff told us they had appraisals in their substantive posts and had general chats with the clinical lead at the OOHs service to ensure they maintained their professional responsibilities to the service. Clinicians received appraisal through the revalidation process. Revalidation is whereby licensed doctors are required to demonstrate on a regular basis they are up to date and fit to practice. The practice manager had not yet received their annual appraisal which was undertaken by the lead GP.

Practice seeks and acts on feedback from its patients, the public and staff

The service had gathered feedback from patients through patient voice group (PVG) surveys, sent out to patients who

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

had used the service. Feedback was generally positive with some comments regarding the location of the service and poor signage continuing to dominate the negative comments.

We saw from the PVG meeting minutes there was a wide agenda which included a list of the activities and meetings the chair of the group had attended this included CCG and Trust meetings. This information was shared with all members and minuted for others to access. All complaints were investigated by the PVG in conjunction with a member of the management team.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the service to improve outcomes for both staff and patients.

The service had a whistle blowing policy available should staff wish to access it.

Management lead through learning and improvement

We saw a clear understanding of the need to ensure that staff had access to learning and improvement opportunities.

Nurses and GPs kept their continuing personal development up to date and attended other courses pertinent to their roles and responsibilities. Some had completed training within their usual practice roles such as domestic violence which could be utilised in their role at the OOHs service. Other training was carried out at the service for staff. This ensured that patients received treatment which was most current.

The service had completed reviews of significant events and other incidents and shared via meetings/ email with all staff across the service to ensure the service as a whole improved outcome for patients.

New staff received an induction programme in order to familiarise themselves with the service. This included working through the organisational policies and procedures and shadowing other members of staff. There was a supportive process in place for staff to gain experience whilst being appropriately supervised within the clinical area.

We saw minutes of regular governance meetings with information disseminated to staff. This told us staff were informed of changes and any updates made to practice. As staff worked a variety of hours it was not possible to get all staff together at one time so information was shared with staff by the management team at opportune appropriate times.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.