

North Nottinghamshire Out of Hours

Quality Report

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This report describes our judgement of the quality of care at this out-of-hours service. 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 the provider, patients, the public and other organisations.

Summary of findings

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Summary of findings

Overall summary

North Nottinghamshire out-of-hours, known as Primary Care 24 provides out-of-hours General Practitioner (GP) services for around 300,000 people living within northern Nottinghamshire.

We carried out the inspection as part of our new inspection programme to test our approach going forward. It took place over two days with a team including that included a CQC inspector, a GP, a GP practice manager and an expert-by-experience.

We found the service was effective in meeting patient needs and had taken positive steps to ensure people who may have difficulty in accessing services were enabled to do so. There was an effective system to ensure that patient information was promptly shared with each patient's own GP to ensure continuity of care. However where patients were not registered with a GP in the area covered by the service, for example tourists or visitors, no process was in place to pass information to their own GP.

Patients told us that they were happy with the care and treatment they received and felt safe. There were robust systems in place to help ensure patient safety through learning from incidents and the safe management of medicines. The provider had taken robust steps to ensure that all staff underwent a thorough and rigorous recruitment and induction process to help ensure their suitability to care for patients.

Patients experienced care that was delivered by dedicated and caring staff. People we spoke with said staff displayed a kind and caring attitude and we observed patients being treated with respect and kindness whilst their dignity and confidentiality was maintained.

There were effective systems in place to ensure the service could be delivered to the widest range of patients with varying levels of need. There was good collaborative working between the provider and other healthcare and social care agencies which ensured patients received the best outcomes in the shortest possible time.

We found that the service was well-led and managed by an enthusiastic and knowledgeable senior management team, and their values and behaviours were shared by staff. Members of the staff team we spoke with all held very positive views of the management and leadership and felt well supported in their roles. They told us the senior managers were approachable and listened to any concerns or suggestions they might have to improve the level of service provision.

We found the numbers of staff who had completed mandatory training was low. The provider had identified the deficiency and had an action plan in place to address the situation.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We found that the provider had in place robust and rigorous systems to ensure that people seeking to work at Primary Care 24 were appropriately recruited and vetted to ensure their eligibility and suitability. Clinicians had been subject to continuing clinical audit to ensure their effectiveness and help maintain patient safety.

There were clear procedures and policies that staff were aware of to enable them to recognise and act upon any serious events or incidents and any learning was shared with staff. The provider had good systems in place to safeguard patients at risk of harm.

We found there were systems in place to help protect people from the risks associated with the management of medicines and infection control.

Vehicles used to take clinicians to patients' homes for consultation were well maintained, cleaned and contained appropriate emergency medical equipment. Emergency equipment held at the treatment centre was well maintained and serviced.

Patients and carers that we talked with told us that they felt safe.

Are services effective?

We found that the service was providing effective care to a wide range of patient groups with differing levels of need often with limited information available to clinicians.

Clinicians were able to prioritise patients and make the best use of resources. We saw that seating in the waiting area at the treatment centre was positioned to allow reception staff to see patients which helped them identify those who might need earlier intervention due to deteriorating condition.

There was an effective system in place to ensure information about patients registered with a practice covered by the Primary Care 24 service was shared with their own GP at the earliest opportunity. However, there was no process in place to share information with the GP's of patients who were not patients of the general practises covered by Primary Care 24.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time. The provider took referrals from 13 different pathways, acting as first point of call for patients and healthcare professionals within the community.

Are services caring?

Patients, their relatives and carers were all positive about their experience and said they found the staff friendly, caring and responded to their needs. We observed examples of good interaction between patients and staff and noted that staff treated patients with respect and kindness and protected their dignity and confidentiality.

We saw that staff obtained patient's consent and explained their treatment in a manner that reflected the patient's level of understanding.

Patient experience surveys conducted by the provider showed a high degree of satisfaction with the service provided and the attitude of staff towards patients.

Summary of findings

There was good evidence that the provider took positive steps to promote the services offered and inform patients of what they could expect from the service. There was health promotion literature available and a rolling television presentation, without audio, that was displayed in the treatment centre waiting room at the Kings Mill site. We did note however that the screen was only visible to a very small number of people in the waiting room and that as a result it's potential as a tool for keeping people informed was limited.

Are services responsive to people's needs?

We found that the provider had an effective system to ensure that, where needed, GP's could provide a consultation in patients' homes.

The provider had responded to the needs of people from a wide geographical area and provided a choice of treatment centres for patients to maximise accessibility.

There was a transparent complaints system and we saw that any learning from those complaints was shared with staff, although we noted that the procedures for making a complaint were not clearly displayed at the Kings Mill treatment centre and some members of the public that we spoke with said they would not know how to raise a complaint.

The provider undertook continuing engagement with patients to gather feedback on the quality of the service provided.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time.

Are services well-led?

There was a strong and stable management structure; the Chief Executive Officer, the nominated individual and the registered manager were very knowledgeable and were an integral part of the staff team. The Board were very experienced and had diverse professional backgrounds and knowledge. Both the Board and executive displayed high values aimed at improving the service and patient experience and were taking positive steps to remind and re-enforce those values with all staff through a series of seminars and presentations.

The provider recognised and rewarded positive staff behaviours and this included staff excellence awards, where staff were nominated by their peers.

There was an emphasis of management seeking to learn from stakeholders, in particular through patient engagement groups.

There was a clear leadership and management structure and staff that we spoke with were clear in whom they could approach with any concerns they might have. We saw that staff underwent an annual appraisal to enable them, amongst other things, to reflect upon their own performance with the aim of learning and improving the service.

Staff told us that they worked for a supportive and progressive organisation.

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

Summary of findings

What people who use the out-of-hours service say

Patients who used the service, their relatives and carers told us that it met their healthcare needs and that both clinical and non-clinical staff treated them with respect, discussed their treatment choices and helped them to maintain their privacy and dignity.

They said they had not experienced difficulty accessing the service.

All of the patients we spoke with during our inspection made positive comments about the quality of the service. Patients were particularly complimentary about the caring, friendly attitude of staff and said they felt safe.

Patient surveys undertaken by the provider showed that 98% of respondents had rated the service as either excellent, very good or good.

Comments cards that had been left by the CQC to enable patients to record their views on the service were overwhelming positive and emphasise the caring and respectful attitudes of staff and excellent standards of care.

Patients told us they felt safe and were grateful of the closed circuit security cameras monitoring public areas and the option of having a chaperone present during treatment.

A patient whose first language was not English said staff always took time to explain what was happening and the treatment they received.

Areas for improvement

Action the out-of-hours service COULD take to improve

The provider did not have in place a process to pass to GP's details of the contact the service had with patients, if the patient concerned was not registered with a practice in the area covered by the out-of- hours service. We have discussed this with the provider who acknowledged the deficiency and told us they would be investigating how they could best ensure the information was passed on.

We judged that the waiting room in the treatment centre at Kings Mill Hospital, while comfortable and practical in layout, did not, in its present configuration, enable patients to access service information provided on a television screen. We pointed this out and were told that the provider would look at re-siting the equipment to make it visually accessible to more patients whilst waiting for treatment.

The level of compliance of the training deemed mandatory by the provider is recorded as being at a very low level in some areas, although there is an acknowledgement that these figures may show some distortion through software errors in the providers information technology systems. We have judged that this low figure did not have a detrimental effect on patient safety. The provider could consider an alternative way of recording training records to assure themselves that training participation was at a satisfactory level and at ways of increasing the uptake of mandatory and essential training. The provider had recognised the low level of compliance with mandatory and essential training and had put in place an action plan to improve in this area.

North Nottinghamshire Out of Hours

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP. The team included a GP practice manager, a nurse and an expert-by-experience who helped us to capture the experiences of patients who used the service.

Background to North Nottinghamshire Out of Hours

North Nottinghamshire Out-of -Hours, known as Primary Care 24 was a 'not-for-profit' social enterprise organisation and part of Central Nottinghamshire Clinical Services. It held contracts to deliver NHS out-of-hours services on behalf the Newark and Sherwood and Mansfield and Ashfield Clinical Commissioning Groups.

It provided an out-of-hours General Practitioner (GP) service for around 300,000 people living within northern Nottinghamshire. The service was provided from the principle operating base and treatment centre adjacent to the Emergency Department at Kings Mill Hospital, Mansfield and two satellite locations at Newark Hospital and Kirkby Community Primary Care Centre.

The out-of-hours service operated whenever GP surgeries were closed. This was weekdays between 18:30hrs and 08:00hrs, and 24 hours a day at weekends and public holidays.

Calls from patients to their GP during out-of-hours periods were directed to Primary Care 24 telephone call handlers,

who referred callers where necessary to clinical staff. The monthly volume of calls from patients to Primary Care 24 out-of-hours varied from 3,886 to 4,228 during the latest period for which figures were available. From April 1 2014 Primary Care 24 will no longer handle calls or employ triage nurses. The function will be undertaken by another healthcare provider.

At the time of our inspection, Primary Care 24 employed 98 staff and the services of approximately 80 GPs who were engaged on a sessional basis.

On the day of the inspection the service provided consultations on an appointment basis at the Kings Mill and Newark Hospitals locations, but also carried out home visits to patients who were assessed as not being fit enough to travel to the treatment centre for a consultation. A walk in facility operated 24 hours a day which also took patients who were referred from the Sherwood Forest Hospital Trust, Kings Mill Emergency Department.

Primary Care 24 worked closely alongside other primary healthcare services and provided a single point of access and clinical navigator, taking referrals from 13 different pathways for patients and healthcare professionals within the community.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

Detailed findings

How we carried out this inspection

To get to the heart of patients' experiences of care, 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 out-of-hours service and asked other organisations to share what they knew about the service. We also reviewed information that we had requested from the provider

We carried out an announced visit to the Kings Mill treatment centre on 12 February 2014. During our visit we spoke with 16 members of the staff team including the

nominated individual, registered manager, service manager, nurses, general practitioners, and those staff that dealt directly with patients, either by telephone or face to face. We visited the GP and GP assistant/driver who were working at Newark Hospital. We visited the organisation's administrative centre on 13 February where we spoke with the Chief Executive Officer and administration staff.

We spoke with 19 patients and carers who used the service. We observed how people were being cared for and talked with carers and family members and reviewed personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

We reviewed information that had been provided to us by the provider and other information that was available in the public domain.

We conducted a tour of the treatment centre and looked at the vehicles used to transport clinicians to consultations in patients' homes.

Are services safe?

Summary of findings

We found that the provider had in place robust and rigorous systems to ensure that people seeking to work at Primary Care 24 were appropriately recruited and vetted to ensure their eligibility and suitability. Clinicians had been subject to continuing clinical audit to ensure their effectiveness and help maintain patient safety.

There were clear procedures and policies that staff were aware of to enable them to recognise and act upon any serious events or incidents and any learning was shared with staff. The provider had good systems in place to safeguard patients at risk of harm.

We found there were systems in place to help protect people from the risks associated with the management of medicines and infection control.

Vehicles used to take clinicians to patients' homes for consultation were well maintained, cleaned and contained appropriate emergency medical equipment. Emergency equipment held at the treatment centre was well maintained and serviced.

Patients and carers that we talked with told us that they felt safe.

All staff were subject to checks to ensure their suitability to work with vulnerable people. We saw that there was a thorough induction process that enabled staff to be assessed as competent in areas relevant to their work. We were provided with a copy of the induction program and we talked with an advanced nurse practitioner and trainer who explained in detail how the induction process worked and how they observed staff's practice to assess their competence.

There was a process in place to ensure that clinical staff continued to be registered with their appropriate professional body, be it the Nursing and Midwifery Council or General Medical Council.

We saw that the treatment centre was accessible to people with restricted mobility such as wheelchair users and that patient accessible areas were in good condition.

We looked at the vehicles used to take doctors to consultations in patients' homes and saw that they were in good condition and regularly maintained. We looked at the equipment carried in the vehicles that could be used by a GP in the event of a medical emergency and found it to be appropriate, well maintained and checked regularly.

We found there were appropriate arrangements in place to provide medicines when required, for example when community pharmacies were closed. The amount of medicines stored was closely monitored and controlled and we saw evidence that they were regularly checked to ensure they had not exceeded the expiry date recommended by the manufacturers to ensure their effectiveness. As part of our inspection we did a manual count of the drugs that were held and compared this figure with the records of drugs stocked and held on the providers computer system. We found there to be some discrepancies. Staff told us that they had already raised the issue with the registered manager. They told us they thought it was a problem with the computer software, and produced an email that raised and highlighted their concerns. We took this up with the provider who sent us confirmation from their computer software suppliers that there was an identified error in the software that was in the process of being fixed.

We observed that all areas of the treatment centre were visibly clean. Carpets were visibly clean and there were no

Our findings

We spoke with 19 patients and carers during the course of our inspection. All of their comments were positive and did not raise any concerns about patient safety.

Their comments included;

- "The staff here are very professional and offer a chaperone if you're on your own and there is lots of CCTV and security."
- "At no point in my visit did I feel unsafe."

We saw that the provider had a robust and rigorous procedure for recruiting staff to work at Primary Care 24. Thorough checks were undertaken of GP's to ensure their fitness to practice for example General Medical Council registration and inclusion on the performers list. Suitable and verifiable references were sought. We saw all GP's were required to produce indemnity insurance that included out-of-hours cover.

Are services safe?

discernable odours. Hand sanitizing liquids were freely available and we saw posters were displayed promoting good hand hygiene. Plentiful supplies of aprons and disposable gloves were available.

Staff told us and records showed that staff received instruction and training in infection control and we had the opportunity to talk with the nominated infection control person who explained the infection control audit system and the training available to staff.

Vehicles used to take doctors to consultations and those used to transport patients to the treatment centre were clean internally and externally and staff told us they cleaned them at least weekly and more frequently if required.

We saw that the provider had a safeguarding policy and found that it was freely available to staff on the computer system. All staff received instruction and training in safeguarding vulnerable people. Staff spoke knowledgeably about safeguarding children and vulnerable adults and were able to explain in detail the action they would take had they any concerns. We spoke with the named lead nurse on safeguarding children and vulnerable adults who told us the differing levels of safeguarding for clinical and non-clinical staff. They confirmed that GP's were prevented from working if they had not completed mandatory training of which safeguarding was one element.

Are services effective?

(for example, treatment is effective)

Summary of findings

We found that the service was providing effective care to a wide range of patient groups with differing levels of need often with limited information available to clinicians.

Clinicians were able to prioritise patients and make the best use of resources. We saw that seating in the waiting area at the treatment centre was positioned to allow reception staff to see patients which helped them identify those who might need earlier intervention due to deteriorating condition.

There was an effective system in place to ensure information about patients registered with a practice covered by the Primary Care 24 service was shared with their own GP at the earliest opportunity. However, there was no process in place to share information with the GP's of patients who were not patients of the general practises covered by Primary Care 24.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time. The provider took referrals from 13 different pathways, acting as first point of call for patients and healthcare professionals within the community.

Our findings

Primary Care 24 operated a rigorous clinical audit system to continually improve the service and deliver the best possible outcomes for patients. The organisation had a Clinical Governance Committee that reviewed incidents and rated them to determine the level of risk from each one. This enabled the team to determine the action required in response. Concerns were discussed at a performance group and where appropriate clinicians had been provided with support to help them improve. The

Clinical Audit Committee also fed back to the Clinical Governance Committee on the results of its audits into such areas as safeguarding adults, appropriateness of home visit requests and medicine management. We judged that the clinical audit system was robust and effective in ensuring that patients continued to receive effective, high quality care and treatment.

The service fostered a close working relationship with other healthcare and social care providers such as social services, the mental health crisis team and district nursing out-of-hours team. Close collaboration between agencies helped to ensure that patients were given the best opportunity to experience 'joined up' health and social care. For example we saw that the named lead nurse for safeguarding sat on the local Safeguarding Forum Board where safeguarding concerns and best practice was shared. We also saw that there was a good working relationship with the paediatric liaison facilitator who shared information with other healthcare professionals such as health visitors.

There are National Quality Requirements (NQRs) for out-of-hours providers that capture data and provide a measure to demonstrate that the service is safe, clinically effective and responsive. The service is required to report on these regularly. We saw evidence that Primary Care 24 had been fully or partially compliant with all of the applicable NQRs in the six months prior to our inspection.

Following a patient consultation all clinicians were responsible for completing patient notes. We saw that these were comprehensive and informative. There were good systems in place to ensure that the records were sent to the patient's own GP by the time the surgery opened the next day. However, there was no process in place to share information with the GPs of patients who were not patients of the general practises covered by Primary Care 24.

Responses from patient surveys showed a very high level of satisfaction in the service and standard of care and treatment provided by Primary Care 24.

Are services caring?

Summary of findings

Patients, their relatives and carers were all positive about their experience and said they found the staff friendly, caring and responded to their needs. We observed examples of good interaction between patients and staff and noted that staff treated patients with respect and kindness and protected their dignity and confidentiality.

We saw that staff obtained patient's consent and explained their treatment in a manner that reflected the patient's level of understanding.

Patient experience surveys conducted by the provider showed a high degree of satisfaction with the service provided and the attitude of staff towards patients.

There was good evidence that the provider took positive steps to promote the services offered and inform patients of what they could expect from the service. There was health promotion literature available and a rolling television presentation, without audio, that was displayed in the treatment centre waiting room at the Kings Mill site. We did note however that the screen was only visible to a very small number of people in the waiting room and that as a result it's potential as a tool for keeping people informed was limited.

- "Feel safe as the staff are great and they are genuine and caring."
- "I have been treated with respect and treated the way I should like to be."

During the course of our inspection we observed many interactions between patients and carers and Primary Care 24 staff. Without exception we saw that staff acted in a kind and sympathetic manner and maintained the patient's dignity and confidentiality at all times.

Of particular note was the positive way in which staff reacted and dealt with patients and carers who had consumed intoxicants. Staff handled potentially difficult situations with tact and good humour.

We saw that the patient waiting area was warm and comfortable with adequate seating. Some health promotion and information material was available.

We noted that the seating in the patient waiting area was arranged as to allow staff in the reception area to see patients front aspect. This helped staff to recognise if a patient who was waiting for a consultation had suffered deterioration in their condition that might require an earlier intervention from clinicians. This seating arrangement meant that the television screen that displayed service information was only visible to a very small number of people. We pointed this out to the nominated individual who told us that they would explore ways of re-siting the screen to make it more accessible.

We observed, with a child's parents consent, a consultation with an advanced nurse practitioner. We heard consent to treatment being obtained and we heard how the practitioner communicated with the child at a level they could understand. We observed that both child and parent responded well to this approach. We observed similar interactions between a GP and a child patient and parents at another consultation.

Our findings

We spoke with 19 people who were waiting to be seen by the clinicians or were accompanying children or relatives. They were overwhelming complimentary about the service and in particular praised the caring and friendly nature of staff. Their comments included;

- "Excellent. The staff are very caring and explain what is happening."

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

We found that the provider had an effective system to ensure that, where needed, GPs could provide a consultation in patients' homes.

The provider had responded to the needs of people from a wide geographical area and provided a choice of treatment centres for patients to maximise accessibility.

There was a transparent complaints system and we saw that any learning from those complaints was shared with staff, although we noted that the procedures for making a complaint were not clearly displayed at the Kings Mill treatment centre and some members of the public that we spoke with said they would not know how to raise a complaint.

The provider undertook continuing engagement with patients to gather feedback on the quality of the service provided.

There was good collaborative working between the provider and other healthcare and social care agencies to help ensure patients received the best outcomes in the shortest possible time.

There was also evidence of increased demand due to the implementation of the '111' service and an increase in cases assessed as 'urgent'. The complexity of the call handling arrangements meant the figures had not always been reflective of the true picture and that the provider was seeking ways of undertaking more detailed analysis of call data to ensure that reporting on urgent care cases was more accurate. There was no evidence of patient safety or the level of care being compromised.

The service was fully compliant with the NQR's in respect of primary care centre and home visit consultations.

The service had in place clear procedures for ensuring that patients who had difficulties in communicating, for example as a result of their first language not being English were able to access the service and understand throughout their contact with Primary Care 24. Staff were familiar with the telephone translation service available and also took advantage of on line translation services, although accepting that these should be used with caution as they were not always accurate.

We saw notices were displayed that had text in a number of different languages. Patients could point to the text to identify what their language was to enable the correct translators to be obtained.

We talked with one patient whose first language was not English. They told us language had never been a barrier to them receiving good treatment as staff took the time to explain things clearly.

We saw that the provider had sought advice from the voluntary sector about how to best interact with and provide a high standard of care to patients with a learning disability.

We looked at the staffing levels at the primary treatment centre and found that at the time of our inspection at the Kings Mill location there was one GP working until midnight together with two triage nurses, one advanced nurse practitioner, one health care assistant one driver and one receptionist. In addition there were three call handlers. After midnight and through to 8 am the staffing consisted of one GP, one driver, one triage nurse and one call handler.

At Newark Hospital there were one GP and a doctors assistant / driver. This service ceased operating at midnight.

We asked the registered manager how they decided on safe staffing levels and were told that these levels proved

Our findings

Patients we talked with told us,

- "I have never used the service before but am extremely happy as I got in before the appointment time."
- "I have used it on a few occasions and found it easily accessible and simple to use."

Another patient told us that they had previously used the service had made a complaint. They said that the matter was resolved to their satisfaction.

We looked at the National Quality Requirements (NQRs) for out-of-hours GP services, and found that Primary Care 24 had achieved full or partial compliance with all for the last six months. Where there had not been full compliance we saw that supplementary reports had been produced that highlighted areas for improvement. We noted that staffing shortages due to the loss of the out-of-hours call handling and triage service had meant new staff had been difficult to recruit due to job insecurity. This had played a significant part in failing to achieve full compliance.

Are services responsive to people's needs?

(for example, to feedback?)

sufficient and that demand upon the service was surprisingly predictable but additional staff were available to meet increased demand, without needing to resort to locum staff, with one exception at Christmas 2013 when there had been the need to engage a locum GP.

There was a transparent complaints system that showed that any complaints that had been received about the service had been responded to in an appropriate manner and patients were kept informed of the progress and result of any subsequent investigation. There was evidence that

any learning from those complaints and other incidents was used to improve the service. However we did note that the procedures for making a complaint were not clearly displayed at the Kings Mill treatment centre, although leaflets were available in an information display rack.

We saw evidence that Primary Care 24 conducted ongoing patient experience questionnaires, sending them out to 1% of patients who had contacted the out-of-hours service. Of the respondents 98% rated the service as excellent or good.

Are services well-led?

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

Summary of findings

There was a strong and stable management structure; the Chief Executive Officer, the nominated individual and the registered manager were very knowledgeable and were an integral part of the staff team. The Board were very experienced and had diverse professional backgrounds and knowledge. Both the Board and executive displayed high values aimed at improving the service and patient experience and were taking positive steps to remind and re-enforce those values with all staff through a series of seminars and presentations.

The provider recognised and rewarded positive staff behaviours and this included staff excellence awards, where staff were nominated by their peers.

There was an emphasis of management seeking to learn from stakeholders, in particular through patient engagement groups.

There was a clear leadership and management structure and staff that we spoke with were clear in whom they could approach with any concerns they might have. We saw that staff underwent an annual appraisal to enable them, amongst other things, to reflect upon their own performance with the aim of learning and improving the service.

Staff told us that they worked for a supportive and progressive organisation.

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

There was a clear focus on clinical excellence and a desire to achieve the best possible outcomes for people, whether that was achieved from the patient contact with Primary Care 24 or through referral to another healthcare or social care provider.

The service operated an 'open culture' and actively sought feedback and engagement from staff all aimed at maintaining and improving the service.

Primary Care 24 had a wide range of quality assurance processes in place to continually monitor and assess the quality of service provision which included a range of audits to help identify and instigate actions to address any shortfalls.

The provider supported both clinical and non-clinical staff by providing a range of training opportunities all aimed at delivering high quality, safe care and treatment to patients.

We reviewed the training records for staff and saw that training was relevant and up to date. We noted that although the provider offered a range of mandatory and essential training and paid staff to do the training if they could not do it in their normal working time, those staff that had completed it was very low in some specific subjects. The Chief Executive and nominated individual told us that they had already identified the shortcoming and had tried to address the issue by means such as displaying the training records of staff so that they could reflect upon their own performance in this field and see what others were doing. This had only been partially successful and there was now an action plan in place to increase the level of compliance, including formal disciplinary action against staff should they fail to undertake the mandatory and essential training. We received a copy of the action plan and judged that it was clear and robust and showed a clear commitment on the part of Primary Care 24 to address the situation.

Staff that we spoke with and records we saw confirmed that the provider undertook an annual appraisal with staff to enable them, amongst other things, to reflect upon their own performance with the aim of learning and improving the service. Staff told us there were regular staff meetings where they were able to discuss issues aimed at improving the level of service provision.

There was a commitment to learn from problems, complaints and incidents and we saw that Primary Care 24 demonstrated an open approach to these issues.

Our findings

We talked with members of staff. Their comments included;

- "I have struck gold with this job. I feel really well supported."
- "Very good organisation to work for. Transparent and open."
- "Good place to work, progressive, good support."