

Care UK – East of England

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?

Outstanding 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Care UK – East of England on 28 February 2017. The service provides out-of-hours GP and dental services. Overall the service is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Learning from significant events was cascaded nationally throughout the organisation. The organisation sent out a national quarterly clinical newsletter in which several similar significant events were shared and discussed. For example we saw a newsletter in which, amongst several other significant event analyses, three different presentations of a pulmonary embolism (blood clot on the lungs) were described, with questions posed to the reader, these had all been raised as significant events from different services within the organisation.
- Risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need. The service met the National Quality Requirements.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The service maintained appropriate standards of cleanliness and hygiene. For example, the dental van was visibly clean and clutter free. Infection control practices were followed, reviewed and audited to test their effectiveness.
- There was a system in place that enabled staff access to patient records, and the out-of-hours staff provided the local GP and hospital, with information following contact with patients when appropriate.
- The service managed patients' care and treatment in a timely way.
- Patient feedback was strongly and consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs. The vehicles used for home visits were clean and well equipped.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The provider proactively sought patients' and staff feedback and engaged patients in the delivery of the service. For example, in the primary care centres there were posters in the waiting areas that encouraged patients to comment on the services provided. The provider conducted surveys of patients' experience on an ongoing basis. In January 2017, 255 patients had responded to surveys and 99% had expressed overall satisfaction with the service they had received. The trends in feedback were closely monitored, and the results illustrated an upward trend from the February 2016 overall satisfaction score of 88%.
- The provider had created an in-house learning mobile app for staff to use on their phones and handheld tablet devices. This had led to a high uptake of training courses for all staff within the organisation.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

We saw several areas of outstanding service:

- There was a strong focus on continuous learning and improvement at all levels. The provider had made use of an external contractor who had been given an open brief to seek and devise development opportunities into elements of service delivery in the out-of-hours.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The service is rated as good for providing safe services.

Good



- The service used every opportunity to learn from internal and external incidents to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, embedded and recognised as the responsibility of all staff.
- The out-of-hours service had clearly defined and embedded system and processes in place to keep patients safe and safeguarded from abuse.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- When patients could not be contacted at the time of their home visit or if they did not attend for their appointment, there were processes in place to follow up patients who were potentially vulnerable.
- There were systems in place to support staff undertaking home visits. For example; all cars were fully equipped and maintained, with a backup mobile phone and easy access to support from senior clinicians and managers.
- The dental van was periodically serviced and well maintained. The interior was visibly clean and infection control procedures were in place to minimise the risks to patients and staff. The cleaning and decontamination of dental instruments was carried out by the Central Sterile Services Department (CSSD) at West Suffolk Hospital. There was a service level agreement in place which covered the arrangements for drop off and collection to ensure that there were sufficient dental instruments available as needed.

Are services effective?

The service is rated as good for providing effective services.

Good



- The service was consistently meeting National Quality Requirements (performance standards) for GP out-of-hours services to ensure patient needs were met in a timely way.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Clinicians provided urgent care to walk-in patients based on current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The service is rated as good for providing caring services.

Good



- Feedback from patients on CQC comment cards and feedback collected by the provider was strong and consistently positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the out-of-hours service.

Are services responsive to people's needs?

The service is rated as good for providing responsive services.

Good



- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. The organisation met with the commissioners on a regular basis to discuss their performance against several key performance indicators.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need. The service had strict national quality requirements that they needed to meet which demonstrated how quickly patients were seen. The service consistently met or exceeded the requirements.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

The service is rated as outstanding for being well-led.

- The service had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all service staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best service.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The service gathered feedback from patients which influenced service development. For example, both the GP and dental service proactively sought patient feedback following consultations using a short survey installed on handheld tablet devices. This was frequently analysed to highlight any trends in feedback.
- There was a strong focus on continuous learning and improvement at all levels. The provider had made use of an external contractor who had been given an open brief to seek and devise development opportunities into elements of service delivery in the out-of-hours environment.
- The provider had created an in-house learning mobile app for staff to use on their phones and handheld tablet devices. This had led to a high uptake of training courses for all staff within the organisation.

Outstanding



Summary of findings

What people who use the service say

Care UK conducted surveys of patients' experience on an ongoing basis. In January 2017, 255 patients had responded to surveys and 99% had expressed overall satisfaction with the service they had received. The trends in feedback were closely monitored, and the results illustrated an upward trend from the February 2016 overall satisfaction score of 88%.

The National GP Patient Survey asks patients about their satisfaction with their local out-of-hours service. There were two surveys related to Care UK – East of England, as the service covered a geographical area comprised of two clinical commissioning groups. The results of the survey published in July 2016 have therefore been aggregated. 15,036 surveys were sent out and 7,771 were returned completed, which represented a 52% response rate. Patients were asked "how would you describe your last experience of NHS services when you wanted to see a GP but your GP surgery was closed" and 70% of patients thought the service was either good or fairly good. This was higher than the national average of 67%.

We received written feedback from 62 patients who had used the out-of-hours GP service and 44 patients who had used the dental service patients prior to our inspection visit. Patients made positive comments about the excellent care and treatment that they received. They also commented positively about the timely access to urgent dental care and the kindness and responsiveness of staff. Patients said that the dentists explained treatment to them in a way that they could easily understand.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were helpful, approachable, committed and caring. Furthermore, all nine patients commented on how they had been seen in a timely manner.

The service also worked closely with Suffolk Healthwatch to gain a further insight into patient experience.

Outstanding practice

We saw several areas of outstanding service:

- There was a strong focus on continuous learning and improvement at all levels. The provider had made use of an external contractor who had been given an open brief to seek and devise development opportunities into elements of service delivery in the out-of-hours.
- The provider proactively sought patients' and staff feedback and engaged patients in the delivery of the service. For example, in the primary care centres there were posters in the waiting areas that encouraged patients to comment on the services provided. The

provider conducted surveys of patients' experience on an ongoing basis. In January 2017, 255 patients had responded to surveys and 99% had expressed overall satisfaction with the service they had received. The trends in feedback were closely monitored, and the results illustrated an upward trend from the February 2016 overall satisfaction score of 88%.

- The provider had created an in-house learning mobile app for staff to use on their phones and handheld tablet devices. This had led to a high uptake of training courses for all staff within the organisation.

Care UK – East of England

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC primary care lead inspector and a CQC dental inspector. The team included three further CQC primary care inspectors, a GP specialist adviser, an advanced nurse practitioner specialist adviser, and a primary care practice manager specialist adviser.

Background to Care UK – East of England

Care UK – East of England out-of-hours service provides out-of-hours primary care services for Suffolk. The head office is located in Ipswich, Suffolk. The GP out-of-hours service is run from eight primary care centres across the county. All eight locations are open at weekends, and five are open during the week. The service operates from eight primary care centres at the following times:

- West Suffolk Hospital, Bury St Edmunds: 6.30pm to 8am daily.
- Ipswich Hospital, Ipswich: 6.30pm to 8am daily.
- Haverhill Health Clinic, Haverhill: 10am to 9pm on Saturdays, and 11am to 9pm on Sundays.
- Mildenhall Health Centre, Mildenhall: 11am to 8pm on Saturdays.
- Saxmundham Health Centre, Saxmundham: 7.30pm to 11.30pm Monday to Friday, and 8am to 8pm on Saturdays and Sundays.
- Stowhealth, Stowmarket: 7pm to 11pm Monday to Friday, 2pm to 11pm on Saturdays and 2pm to 10pm on Sundays.

- Sudbury Community Health Centre, Sudbury: 7pm to 12am Monday to Friday, 9am to 11pm on Saturdays and 10am to 10pm on Sundays.
- Hartismere Hospital, Eye: 3pm to 8pm on Saturdays.

The type of consultation offered is dependent on circumstances and the outcome of an initial triage call. In some instances appointments can be directly booked with the out of hours service by the NHS 111 service who are the first point of contact.

The service employs 102 staff members, and 88% of these have direct patient contact.

The service covers over 1,500 square miles and just under 750,000 patients. Suffolk is one of the most rural counties in England and has a transient population over the summer months. There are mixed levels of deprivation throughout the county. 23% of the population are aged over 65.

The Suffolk Dental Out of Hours Service provides treatment for patients who require an urgent dental appointment at weekends and bank holidays. This service is provided in Suffolk by Care UK and covers Ipswich and East Suffolk and West Suffolk. The service does not offer walk-in appointments and access to the service is via the national NHS 111 call line. The NHS 111 team assess patients who may then be referred for a face to face appointment with a dentist or a telephone consultation.

The dental services are provided out of a purpose adapted dental van at weekends and bank holidays from Ipswich Hospital between 10am and 1pm. The van then travels to Bury St Edmunds to see patients from 2.30pm to 4.30pm.

The out of hours dental services are provided by a team of eight dentists, four dental nurses, one receptionist and one driver who work on a part time basis.

Detailed findings

Why we carried out this inspection

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. The 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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 28 February 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.

- Observed how patients were provided with care and talked with carers and/or family members.
- Inspected the out of hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Looked at the vehicles used to take clinicians to consultations in patients' homes, and we reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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?

Please note that when referring to information throughout this report, for example any reference to the National Quality Requirements data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation based on facts, an apology where appropriate, and were told about any actions to improve processes to prevent the same thing happening again.
- The service carried out a thorough analysis of the significant events and ensured that learning from them was disseminated to staff and embedded in policy and processes. All clinical events were reviewed by the clinical director and notifications sent to relevant bodies such as the people involved, commissioners of the service and CQC. Incidents were also taken to regional and national panels.. Data showed that all serious incidents were reported to the commissioner within the agreed timescales. All significant incidents were referred to clinical commissioning group significant incident panels.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. The organisation sent out a national quarterly clinical newsletter in which several similar significant events were shared and discussed. For example we saw a newsletter in which, amongst several other significant event analyses, three different presentations of a pulmonary embolism (blood clot on the lungs) were described, with questions posed to the reader, these had all been raised as significant events from different services within the organisation. This was followed by several pages that described and discussed relevant clinical guidelines to help ensure staff kept up to date with best clinical practice.

Medicines recalls were circulated to staff for action if required. The service provider kept records to demonstrate that all relevant alerts had been appropriately actioned.

Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and services in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical staff were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (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).
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- All areas of the dental van were visibly clean, organised and uncluttered. There were systems in place for cleaning and cleaning schedules were used, maintained and reviewed regularly. Infection control audits were carried out on the dental van and contents every six months in line with the Infection Prevention Society (IPS) guidelines to test the effectiveness of the infection prevention and control procedures. Infection control procedures and the results from audits were discussed during dental team meetings to ensure that learning or areas for improvement were understood and acted on.

Are services safe?

- The cleaning and decontamination of dental instruments was carried out by the Central Sterile Services Department (CSSD) at West Suffolk Hospital. There was a service level agreement in place which covered the arrangements for drop off and collection to ensure that there were sufficient dental instruments available as needed. There were procedures in place for the safe transportation of dental instruments to and from the dental van.
- The out of hours service had a radiation safety policy in place and was registered with the Health and Safety Executive as required under Ionising Radiations Regulations 1999 (IRR99). Records we were shown demonstrated that the dentists and dental nurses undertook relevant training and were to date with their continuing professional development training in respect of dental radiography.
- A radiation protection advisor had been appointed as required by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. There was a radiation protection file available with information for relevant staff to access and refer to as needed. This file included a record of all X-ray equipment including a service and maintenance history.
- There were local rules available. Local rules state how the X-ray machine in the surgery needs to be operated safely.
- The service had systems in place to regularly check that X-rays were being carried out safely and in line with current guidance. Patient records we reviewed showed that X-rays were justified (reason for taking the X-ray), graded and the findings reported on. There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance, for example annual servicing of fridges including calibration where relevant.
- All clinical equipment owned by the organisation was calibrated yearly. GPs and Advanced Nurse Practitioners who staffed the bases were mostly recruited from local GP practices and worked as self-employed staff. They were expected to supply their own fully calibrated personal equipment. We saw that the clinical staff had to sign at induction that they would keep the calibration of equipment current. They were also reminded via email and newsletters. A back up set of equipment was supplied at each base should it be required.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken

prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the DBS.

Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in accordance with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions were used by urgent care practitioners (nurses or paramedics who did not prescribe medicines) to supply or administer medicines without a prescriptions. PGDs in use had been ratified in accordance with the Medicines and Healthcare products Regulatory Agency guidance.
- The service held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had standard operating procedures in place that set out how controlled drugs were managed in accordance with the law and NHS England regulations. These included auditing and monitoring arrangements, and mechanisms for reporting and investigating discrepancies. The provider held a Home Office licence to permit the possession of controlled drugs within the service. There were also appropriate arrangements in place for the destruction of controlled drugs. The inspection team carried out random sample checks of the controlled drugs held on site and found that these correlated with those on the controlled drug register.
- Processes were in place for checking medicines, including those held at the service and also medicines bags for the out-of-hours vehicles.
- Arrangements were in place to ensure medicines and medical gas cylinders carried in the out-of-hours vehicles were stored appropriately.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in areas accessible to all staff that identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Clinical equipment that required calibration was calibrated according to the manufacturer's guidance. The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a bacterium which can contaminate water systems in buildings).
- There were systems in place to ensure the safety of the out-of-hours vehicles. Extensive safety and equipment checks were undertaken at the beginning of each shift. Records were kept of MOT and servicing requirements. Driving competency was also regularly assessed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure

enough staff were on duty. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- There was an effective system to alert staff to any emergency.
- All staff received annual basic life support training, including use of an automated external defibrillator.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Each location had a site specific business continuity kit box which contained evacuation procedures, a site plan and a head office plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best service guidelines and local guidelines.

- All alerts were emailed to the service manager and governance lead and disseminated to relevant parties. Alerts were also added to monthly minuted quality assurance (QA) meetings and QA register and actioned as appropriate.
- The service had systems in place to keep all clinical staff up to date by emailing monthly updates to clinicians.

Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. They also had access to the Prescribing Advisory Database online.

- The service monitored that these guidelines were followed as part of the audits that they carried out of the activities of all clinical staff.

Management, monitoring and improving outcomes for people

From 1 January 2005, all providers of out-of-hours services have been required to comply with the National Quality Requirements (NQRs) for out-of-hours providers. This is a set of data designed to measure, in part, the timeliness of a provider's response to patient demand. The relevant requirements measure the critical areas of the timeliness of clinical assessment of the patient, whether by telephone or face to face and timeliness of face to face consultations at primary care centres or at the patients home. The NQRs are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to the clinical commissioning group on their performance against standards which includes audits, response times to phone calls, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality.

We looked at the service NQRs in detail from January 2016 to December 2016.

- The performance of the service met both the NQR standards and locally agreed key performance indicators. For example, patients categorised as "urgent" should be seen within two hours. This was achieved 98% of the time whether the patient was at a primary care centre (PCC) or at home. Patients categorised as "non-urgent" should be seen within six hours. This was achieved 100% of the time when the patient was at a PCC and 97% when at home. There are three timescales for speaking to a GP on the telephone, 60 minutes, two hours and six hours. The average performance for the year was 97%, 95% and 99% respectively.
- The NHS 111 service was able to book patients directly into the Care UK system whether for telephone, PCC or home consultations. This provided a more seamless experience for patients as they were not called back by the OOH service simply to make an appointment.
- Performance was maintained through a flexible approach with skilled co-ordinators managing demand. For example, at PCCs one appointment slot at the end of each hour was kept free for urgent matters. Co-ordinators could contact the GPs and ask them to use this slot for telephone consultations if demand for such consultations was rising. Similar flexibility was used in managing the PCCs. If waiting times at a particular PPC were rising staff would ring patients and offer them appointments at other PCCs which might be more distant but where the waiting time was shorter. Staff reported that most patients took advantage of and appreciated the choice.

There was evidence of quality improvement including clinical audit.

- National monthly provider level audits were carried out on a rolling schedule. Approximately 30 audits were ongoing and completed yearly. Responsive audits were also carried out where appropriate. Where indicated improvements made were implemented and monitored.
- The service participated in local audits, national benchmarking, accreditation, peer review and research.
- All clinicians had one percent of their consultations audited. This included face to face and telephone consultations. If the audits results fell below set levels then enhanced audits were carried out. All clinicians received written feedback with respect to their audit results at least every three months. Outcomes were

Are services effective?

(for example, treatment is effective)

rated on a traffic light system of red, amber and green and where areas for improvement were identified then a remedial action plan would be put in place in partnership with the regional clinical director. Any complaints and incidents would be included in the discussions.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.
- Clinical staff also underwent an induction which was completed, signed off and stored in their records.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, training for telephone consultations included theory and practical training. GP trainees underwent a comprehensive graded induction in both triage and consultations and were only allowed to treat patients on their own once they were experienced enough to do so.
- Advanced Nurse Practitioners (ANP) who undertook this role were signed off as competent and had received appropriate training in clinical assessment, including paediatric training. This included shadowing and a check of all the necessary competencies and discussion with the senior ANP as to which patient groups they could and could not treat. ANPs were not left to work alone and there was always a GP on site. Additionally they could contact any doctor via the computer system or the senior clinician. The regional clinical director could log in to the system from home to discuss issues if required. ANPs received regular appraisals from the clinical director and had one per cent of their consultations audited. They received feedback and if necessary an action plan following audits.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The provider had created an in-house learning App for staff to use on their phones and handheld tablet devices. This had led to a high uptake of training courses for all staff within the organisation.
- Arrangements were in place to ensure that the dentists and dental nurses working for the out of hours provider were currently registered with their professional body and there were arrangements in place to ensure that clinical staff were maintaining their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.
- Any clinical staff that had not completed mandatory training within the required time frame were stood down until the training was completed.
- Training needs were monitored monthly by the quality assurance group and formed part of their report to senior management.

Coordinating patient care and information sharing

The provider had systems in place to support and encourage the regular exchange of up-to-date and comprehensive information (including, where appropriate, an anticipatory care plan) between all those who may be providing care to patients with predefined needs. They regularly met with and communicated with practices to encourage the exchange of information and to discuss patients that were regular users of the out-of-hours service.

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

- This included access to required special patient notes which detailed information provided by the person's GP. These were relayed to the service via fax, online and by email. This helped the out-of-hours staff in understanding a person's need.

Are services effective?

(for example, treatment is effective)

- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- The service was taking part in a pilot in conjunction with a local accident and emergency department (A&E) whereby patients were triaged in A&E and if appropriate referred to the out of hours team for treatment of conditions suitable for management by primary care clinicians.
- The provider worked collaboratively with the NHS 111 providers in their area, for example the NHS 111 service was able to book patients directly into the Care UK system whether for telephone, PCC or home consultations.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred.
- The provider met with GP surgeries to discuss patients that were frequent attenders at out-of-hours services and with the local deanery to discuss GP trainee training. The regional clinical director also attended CCG local prescribing and medicine project meetings.

- The service worked with other service providers to meet patients' needs and manage patients with complex needs. It sent out-of-hours notes to the registered GP services electronically by 8am the next morning.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear clinical staff assessed the patient's capacity and, recorded the outcome of the assessment.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Care UK conducted surveys of patients' experience on an ongoing basis. In January 2017, 255 patients had responded to surveys and 99% had expressed overall satisfaction with the service they had received. The trends in feedback were closely monitored, and the results illustrated an upward trend from the February 2016 overall satisfaction score of 88%.

The National GP Patient Survey asks patients about their satisfaction with the out-of-hours service. There were two surveys, one for each of the two clinical commissioning groups that the OOH service covered, therefore we have aggregated the results. 15,036 surveys were sent out and 7,771 were returned completed, which represented a 52% response rate. Patients were asked "how would you describe your last experience of NHS services when you wanted to see a GP but your GP surgery was closed" and 70% of patients thought the service was either good or fairly good. This was higher than the national average of 67%.

We observed members of staff to be courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 106 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the provider offered an excellent service and described staff as brilliant, helpful, pleasant and caring. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

Care planning and involvement in decisions about care and treatment

The service provided facilities to help patients be involved in decisions about their care.

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. A clinician's handbook was available in each room with clear instructions on how to obtain an interpreter.
- A communication book for patients containing pictorial representations of pain levels, parts of the body and ailments was available for staff to use to help explain things to patients including children, those who may not have English as their first language or who had learning difficulties.
- Information leaflets were available in easy read format.
- There were facilities for people with hearing impairment in all of the sites we visited, including a hearing aid loop.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.

- Home visits were available for patients whose clinical needs resulted in difficulty attending a primary care centre.
- The provider supported other services at times of increased pressure. For example the provider provided out of hours cover for three local prisons, a mental health sheltered housing complex and three community hospitals.
- The service was taking part in a pilot in conjunction with a local accident and emergency department (A&E) whereby patients were triaged in A&E and if appropriate referred to the out of hours team for treatment of conditions suitable for management by primary care clinicians.
- The service provided GP cover when local practices were closed for CCG learning events.
- There were accessible facilities, a hearing loop and translation services available. Staff had fast access to a telephone interpreter service whereby a teleconference could be set up to include the patient, interpreter and clinician.
- Reasonable adjustments had been made and action was taken to remove barriers when patients find it hard to use or access services.
- There were arrangements in place to cover equality and diversity issues and there were policies to support staff in understanding and meeting the needs of patients who may require extra support. People who did not have a regular dentist were provided with details of local dental practices and how they could register as patients.

Access to the service

The service operated from eight primary care centres at the following times:

- West Suffolk Hospital, Bury St Edmunds: 6.30pm to 8am daily.
- Ipswich Hospital, Ipswich: 6.30pm to 8am daily.
- Haverhill Health Clinic, Haverhill: 10am to 9pm on Saturdays, and 11am to 9pm on Sundays.

- Mildenhall Health Centre, Mildenhall: 11am to 8pm on Saturdays.
- Saxmundham Health Centre, Saxmundham: 7.30pm to 11.30pm Monday to Friday, and 8am to 8pm on Saturdays and Sundays.
- Stowhealth, Stowmarket: 7pm to 11pm Monday to Friday, 2pm to 11pm on Saturdays and 2pm to 10pm on Sundays.
- Sudbury Community Health Centre, Sudbury: 7pm to 12am Monday to Friday, 9am to 11pm on Saturdays and 10am to 10pm on Sundays.
- Hartismere Hospital, Eye: 3pm to 8pm on Saturdays.

The purpose adapted dental van operated at the following times:

- Ipswich Hospital, Ipswich: 10am to 1pm on Saturdays, Sundays and bank holidays.
- Moreton Hall Youth Centre, Bury St Edmunds: 2.30pm to 4.30pm on Saturdays, Sundays and bank holidays.

Patients could access the service via NHS 111. There were arrangements for health care professionals to bypass the 111 service and contact the out-of-hours service directly. Feedback received from patients on the CQC comment cards indicated that in most cases patients were seen in a timely way.

The service had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Requests for home visits received a call back from the triage clinician who assessed both the most appropriate venue for the consultation and also the urgency of the need for medical attention.

Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with the NHS England guidance and their contractual obligations.
- The patient experience lead co-ordinated the handling of all complaints in the service.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example; posters were displayed in primary care centres and the patient information leaflets also contained the relevant information.

We looked at a number of complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency.

All complaints were logged on the system including verbal complaints that were resolved at the time. Patients received a letter of acknowledgement within three days and the service aimed to resolve the complaint within 20 days. If there was to be a delay, the complainant was sent a letter with an explanation. All complaints were discussed at monthly quality assurance meetings. Current complaints were reviewed and closed ones were discussed to look for learning points and assess action that was taken to improve the quality of care. Every three months the figures were sent to the governance lead and details of the complaint including the clinician involved were logged.

There were annual quality assurance reviews to analyse trends and ensure service improvement. For example; a complaint about a prescription was reviewed by the clinical lead and passed to the consulting clinician who responded in writing and acknowledged the error. An apology was offered and a letter containing an outline of the appeal process was sent. The clinicians involved were sent copies of the response and a summary discussed in the quarterly clinical newsletter.

Non clinical complaints would be discussed with the staff member face to face or by telephone.

Learning points were communicated to all staff including external contractors via email, staff council meetings and via a change in policy as appropriate.

Anonymised details of each complaint and the manner in which it has been dealt with, was reported to the contracting clinical commissioning group. We saw that all complaints were audited in relation to individual staff so that, where necessary, appropriate action was taken. This was in line with the national quality requirements.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The leadership, governance and culture of the organisation were used to drive and improve the delivery of high quality person-centred care.

The provider had a clear vision to deliver a high quality service and promote good outcomes for people using the service. This included statements that outline that the provider “differentiated itself by the quality of their services, ensuring they were innovative and customer focussed”, they aimed “to be the partner of choice and the provider of choice for patients, trusted to deliver the right care, in the right place, at the right time” amongst others.

The service had a robust strategy and supporting business plans that reflected the vision and values and were regularly monitored. Staff we spoke with were aware of the vision and values.

Governance arrangements

The service had an overarching governance framework that supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Locally, day to day management of the service rested with the service manager together with the local medical, nursing, quality, audit and governance leads.
- Service specific policies were implemented and were available to all staff.
- The provider had a good understanding of their performance against National Quality Requirements. These were discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The provider was ISO 27001 (information governance) and ISO 9001 (quality management) accredited.

Leadership and culture

On the day of inspection the provider of the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us that members of the senior management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The management staff encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The service kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- There were arrangements in place to ensure the staff were kept informed and up-to-date. This included quarterly national newsletters.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. Staff had the opportunity to contribute to the development of the service.

There were clear lines of accountability within the service. The provider’s leadership structure was set up in such a way that there was local leadership accountable for delivery of the out-of-hours service. The local leadership team were supported and overseen by a national leadership team who in turn were overseen by board level management.

The leadership team had been engaged in projects to ensure a focus on high quality and performance. They were

Are services well-led?

Outstanding



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

proactive in ensuring effective working relationships with other stakeholders and regularly met with the commissioning groups and other health and social care providers. The aim was to ensure they were working together effectively to respond to local health inequalities and ensure services were accountable and supported by strong governance processes.

Operational staff we spoke with had access to managerial guidance and support. They were clear about their line management arrangements as well as the clinical governance arrangements in place. All those we spoke with were able to tell us who their immediate line manager was and expressed confidence in their management arrangements.

Seeking and acting on feedback from patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' and staff feedback and engaged patients in the delivery of the service. For example, in the primary care centres there were posters in the waiting areas that encouraged patients to comment on the services provided. The service made use of handheld tablet devices to gain patient feedback following consultations.

- The service had gathered feedback from patients through surveys and complaints received. Patients were encouraged to fill in a survey form or contact the service via their website.
- The service had gathered feedback from staff through: suggestion boxes, through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

The service carried out an annual staff survey which included questions on how their values drove their

behaviours. The results of the 2016 survey showed significant improvements in how staff viewed the service and their role within it since 2015. For example when faced with the statement 'where I work, we go the extra mile to provide quality care to our patients and customers' in 2015 59% of staff agreed, in 2016 this figure was 93%.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice employed a dedicated GP education lead to support clinicians and GP registrars. The provider had created an in-house learning mobile app for staff to use on their phones and handheld tablet devices. This had led to a high uptake of training courses for all staff within the organisation.

The provider operated a reward scheme for employees who were nominated as 'The Local Health Care Hero' by their peers in recognition of good work. Recipients received a small monetary token of appreciation.

The provider had made use of an external contractor who had been given an open brief to seek and devise development opportunities into elements of service delivery in the out-of-hours environment. This included a revision of rota fill and financial arrangements. This was in the early stages of development and further steps were planned, but the role was focussed on driving collaborative working between service providers, commissioning services, patient representatives and other stakeholders. The contractor stated that they had been fully supported in this process and that their work had been adopted into the quality assurance processes of the provider.