Urgent Care Centre Newham General Hospital Trust

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the GP out of hours service provided by Newham GP Cooperative Ltd at the Urgent Care Centre, Newham General Hospital Trust on 2 March 2017. Overall the service is rated as requires improvement.

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

- Risks to patients who used services were assessed, and staff described processes and procedures that kept patients safe, however the systems and processes to address these risks were not managed effectively.
- Patients' care needs were assessed and delivered in a timely way according to their needs. 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.
- There was a system in place that enabled staff access to patient records, and the out of hours staff provided other services, for example the local GP and hospital, with information following contact with patients as was appropriate.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- We found that the overarching governance framework that supported the delivery of the strategy and good quality care was not always effective.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Establish and operate effective systems and processes for the effective management of significant events.
- Establish and operate effective systems and processes for the effective management of safeguarding of patients from abuse.
- Establish and operate effective systems ensuring vehicles used by GPs for home visits are safe, fit for purpose and appropriately insured.

The areas where the provider should make improvement are:

- Review the requirements for sharps injury information to be present and visible in clinical rooms.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The service is rated as Requires Improvement for providing safe services.

- Risks to patients who used services were assessed, and staff described and demonstrated processes and procedures that kept patients safe, however;
- The service did not have a policy in place for managing significant events and the system in place for recording, reporting and learning from significant events was not always effective or reflective of operating procedures; however staff described how the system worked and could demonstrate learning and improvements that kept patients safe.
- The information contained within the service safeguarding policy was not; up to date, reflective of operating practices or in line with current guidelines.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents.
- Lessons were not always shared to make sure action was taken to improve safety in the service.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- 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.
- 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.

Are services effective?

Good

The service is rated as Good for providing effective services.

- 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.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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?

Good

The service is rated as Good for providing caring services.

- Feedback from the large majority of patients through our comment cards and collected by the provider was very 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?

Good

The service is rated as Good for providing responsive services.

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

Are services well-led?

Requires improvement

The service is rated as Requires Improvement for being well-led.

Summary of findings

- We found that the overarching governance framework that supported the delivery of the strategy and good quality care was not always effective in managing significant events, the safeguarding of patients from abuse and ensuring vehicles used for service business were safe and fit for purpose.
- Staff were clear about the service vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- 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 sought feedback from staff and patients.

Summary of findings

What people who use the service say

We looked at various sources of feedback received from patients about the out of hours service they received. Patient feedback was obtained by the provider on an ongoing basis and included in their contract monitoring reports. The provider also carried out a patient satisfaction survey in December 2015 and collected 104 patient satisfaction questionnaires from patients using the face to face consultation service and also patients using the telephone consultation service. The results of the survey showed:

- 73% of patients gave a satisfaction score of seven out of ten or higher.
- 89% of patients would recommend the service to others.
- Comments received related to short waiting times, excellent advice and friendly receptionists.
- Negative comments related to long waiting times for patients attending from the emergency department at the location.
- Conflicting comments were related to telephone consultations with some patients feeling a face to face consultation would have given them more satisfaction and others suggesting a telephone consultation would have been more convenient.

The service also provided us with more recent survey data, however the dates could not be verified and therefore the data is not included in this report.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Patient comment cards told us that staff were kind and caring, that the doctors were good and made one patient feel less nervous, and that the service provided was quick and efficient.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Urgent Care Centre Newham General Hospital Trust

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a service manager specialist adviser.

Background to Urgent Care Centre Newham General Hospital Trust

Newham GP Cooperative Ltd is a non-profit company limited by guarantee and established in 1994. The cooperative is formed of 54 Newham GP cooperative members (GP Practices in the Newham Clinical Commissioning Group (CCG) who have opted in to the cooperative) and is governed by a board of members. The cooperative provide a range of health services in the Newham CCG area including:

- Out of hours (OOH) GP services for 47 Newham GP Cooperative member practices.
- OOH GP Services for eight non-members Newham CCG GP practices, under a Newham CCG contract.
- Extended hours services for 33 Newham CCG Practices from 10 locality hubs.
- GP led streaming service for patients attending Newham University Hospital A&E Department, choosing the most appropriate clinical care pathway for the patient.
- GP consultation service for Newham University Hospital A&E Department.
- The provider is also involved in a number of CCG led emerging initiatives and pilot schemes.

Newham CCG has 61 GP led services providing clinical services to a population of 371,400 registered patients. The CCG population has higher than national average deprivation indicators, including income deprivation affecting children and older people.

Urgent Care Centre Newham General Hospital is the registered location for the out of hours GP service provided by Newham GP Cooperative Limited (the provider). The service is co-located within the Accident and Emergency (A&E) Department and Urgent Care Centre (UCC) of Newham University Hospital, operated by Bart's Health NHS Trust. The full location address is Newham GP Cooperative Ltd, Newham University Hospital, Glen Road, Plaistow, London, E13 8SL.

The area of the hospital allocated to the provider consists of a separate patient waiting area with split height reception desk and patient and staff facilities. The waiting area and reception desk are accessed either through a separate external door with videophone entry system, or through the connecting door of the GP streamer service, accessed via the main A&E reception desk/ waiting area. (Patients attending A&E are booked in at reception to see the GP streamer who establishes the nature and severity of the presenting condition and 'streams' or sorts the patient into the most appropriate service for their needs; A&E, UCC or GP OOH service). There is also staff access between the provider area and the main A&E department. There are six GP Consultation and treatment rooms, a communications hub, medicines store and an administrative office.

Detailed findings

The service is provided by 55 GP clinicians who are self-employed (whole time equivalent (WTE) 17.8), 49 employed receptionists (WTE 12.2) working across all sites, including the out of hours service, and six employed staff working in the provider head office.

The service operates daily from 6.30pm until 8.00am and at all times on weekends and bank holidays. The service is open during operating hours to any patient presenting at A&E with a GP appropriate condition, any patient registered with a GP Practice in the Newham area requesting an out of hours appointment and any patient referred through NHS 111. The service manages approximately 4000 patient contacts per month including telephone assessments, home visits and face to face consultations.

The service was last inspected by CQC in March 2014 under our previous inspection regime and met the required standards in place at that time.

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 2 March 2017. During our visit we:

- Spoke with a range of staff including the service chief executive, a senior shift supervisor, a receptionist, the lead shift supervisor and GPs working in the service including the service clinical lead.
- Spoke with patients who used the service.
- Observed how patients were cared for in the waiting area and talked with 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.
- Reviewed the arrangements for clinicians carrying out consultations in patients' homes.
- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The system for reporting and recording significant events was not always effectively managed.

- The service did not have a significant events policy in place demonstrating how significant events were defined, identified, recorded, reported and investigated and how learning was identified and shared, however;
- Staff told us they would inform the service shift supervisor of any incidents and there was a recording form available on the service's computer system. We were told that significant events were tabled and reviewed at the next board meeting and that learning and actions would include themed teaching sessions for staff. However, we were not able to see evidence this had occurred for examples of significant events recorded.
- The service told us they 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. We saw that the service had a system for recording incidents and significant events which included brief notes on learning points and actions; however we did not see clear evidence these learning points and actions had been completed and/ or communicated with staff.
- 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw some evidence that lessons were shared and action was taken to improve safety in the service. For example, the service experienced an unexpected telephone outage. The service enacted their business continuity plan including contacting the on call manager who attended the site and temporarily fixed the issue. The incident was reviewed with the telephony provider and a protocol was put in place to stop the same thing happening again. This included a manual diversion of the telephone lines to a backup mobile phone. Staff told us this incident and its outcomes had been communicated via email; however, not all staff we spoke to know about the incident and the actions. All staff were aware of the on call manager system and told us they would use this system if required.

Overview of safety systems and processes

The service had systems, processes and services in place to keep patients safe and safeguarded from abuse; however these were not always effectively managed:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. However, these arrangements had been recently reviewed but not updated to reflect relevant legislation and local requirements. For example, safeguarding policies and procedures did not reference or have provisions for the safeguarding of patients at risk of radicalisation through the government counter terrorism strategy PREVENT, or patients who were victims or at risk of female genital mutilation (FGM).
- Policies were accessible to all staff and staff knew where to find them; however, the service policies and quick reference guides available to staff as a first point of reference held conflicting information, out of date contact information or no information on who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who had reviewed the safeguarding policy as a board member.
- Staff did, however, demonstrate they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, including locum GPs, were trained to child safeguarding level 3 and non-clinical staff to at least level 1.
- The provider had previously been involved in and able to access safeguarding information for children and young people in the CCG; however, changes in safeguarding information sharing arrangements between relevant organisations and the out of hours provider had changed in previous years. This meant that the provider no longer had access to existing safeguarding information for children and young

people. This information had subsequently been requested from individual practices in the area but at the time of the inspection no practices has responded to the request. Staff told us that if they suspected safeguarding concerns, those patients were referred directly to A&E where this information was available.

- 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. Infection control audits were undertaken through Bart's Health NHS Trust and we saw evidence that infection prevention and control standards were met for clinical and non-clinical areas with the exception of posters in clinical areas with instructions of what to do in the event of an injury from sharp clinical equipment such as needles. There was a sharps injury policy in place and staff knew what to do in the event of a sharps injury.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance including calibration where relevant and we saw evidence this had been done.
- We reviewed four 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 Disclosure and Barring Service.
- Checks were also carried out on locum GPs prior to starting employment to ensure they were suitable for the role. The service maintained a group of 'bank' doctors used instead of locums who also had appropriate checks carries out and updated regularly.

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.
- Processes were in place for checking medicines, including those held at the service and also medicines carried by GPs carrying out home visits. The service carried out regular audits into dispensing of medication from the service medicines stores and followed up with individual GPs and the whole staff group where dispensing protocols and procedures had not been followed correctly.
- The service did not hold stocks of controlled drugs. (Controlled drugs are medicines requiring additional measures for their safe storage, use and disposal under the Misuse of Drugs Act).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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, through the building operators Bart's Health NHS Trust, up to date fire risk assessments and carried out fire drills. Firefighting equipment was available and staff knew what to do in the event of a fire.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly, including the computer equipment supplied by Bart's Health NHS Trust used by Newham GP Cooperative Ltd in their out of hours service provision.
- The service had, through the systems used by Bart's Health NHS Trust 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).
- GPs working on behalf of Newham GP Cooperative Ltd providing the out of hours service used their own private vehicles for conducting home visits as part of the service. GPs were required to ensure the vehicle used

was fit for purpose and appropriately insured, the provider did not have a system in place for checking drivers or that vehicles were safe to use and fit for purpose, or that vehicles and drivers were insured against third party risks. Medicines carried in the GPs vehicles were stored and transported in the doctor's bag.

- 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 and fluctuations in demand, including peak periods such as Bank Holidays.

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 including emergency buttons in consultation rooms and reception desks.
- We saw evidence staff received annual basic life support training, including use of an automated external defibrillator.
- The service had their own defibrillator and oxygen available as well as protocols in place with the adjacent accident and emergency department to provide emergency care in the form of staff and equipment for use in a medical emergency.
- 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.

Good

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.

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The service monitored that these guidelines were followed.

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 (NQR) for out of hours providers. The NQR 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 reviewed the NQR standards for the previous 12 months and found that the service had been compliant with all NQRs.

There was evidence of quality improvement including clinical audit.

- We saw evidence of four clinical audits completed in the last two years where the improvements made were implemented and monitored. For Example;
- The service identified high levels of prescribing of a specific antibiotic and audited the prescribing to ensure compliance with local and national prescribing guidelines. The audit first cycle showed above average prescribing levels and in the majority of cases the antibiotic was prescribed outside of guidelines. Following a training and awareness programme highlighting prescribing guidelines for all clinicians and individual follow ups with specific GPs, the audit second cycle showed a reduction in prescribing of Cephalexin by 50% from 90 prescriptions per month to 45 and high compliance with guidelines.
- The service also put in place a monthly prescribing audit highlighting the top 20 prescribed medicines for adults and children to ensure compliance with guidelines and identify training requirements.
- The service also reviewed monthly the top 20 diagnosed conditions for adults and for children using the service. This regular audit allowed the service to identify emerging illnesses and put in place specific training for clinicians and provide targeted information for clinicians and patients.

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 such topics as 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.
- 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. All staff had received an appraisal within the last 12 months.
- 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.
- Staff involved in handling medicines received training appropriate to their role.
- The service had put in place a system for recording mandatory training requirements for individual and groups of staff and this system allowed them to identify and act on gaps in training.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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 summary care record which detailed information provided by the person's GP. This helped the out of hour's staff in understanding a person's need.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- The provider worked collaboratively with the NHS 111 providers in their area, for example
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred. If patients needed specialist care, the out of hours service, could refer to specialties within the hospital.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were 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 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the provider's own survey carried out in December 2015 showed:

- 73% of patients gave a satisfaction score of seven out of ten or higher.
- 89% of patients would recommend the service to others.
- Comments received related to short waiting times, excellent advice and friendly receptionists.
- Negative comments related to long waiting times for patients attending from the emergency department at the location.
- Conflicting comments were related to telephone consultations with some patients feeling a face to face consultation would have given them more satisfaction and others suggesting a telephone consultation would have been more convenient.

The service reviewed the patient survey results and agreed they should continue to offer more telephone consultations where appropriate to do so, and offer face to face appointments where clinically necessary.

The service also provided us with more recent survey data and the supporting report to the board, however the dates could not be verified and therefore the data is not included in this report.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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.
- Information leaflets were available in easy read format.
- A hearing aid loop was available for people with hearing impairment.

Good

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 which resulted in difficulty attending the service.
- There were accessible facilities, a hearing loop and translation services available.
- The provider supported other services at times of increased pressure, including winter resilience schemes supporting local practices and health care providers.

Access to the service

The service was open between 6.30pm and 8.00am Monday to Friday, and at all times at weekends and on bank holidays.

Patients could access the service via NHS 111, by phoning directly, or by being referred through the GP streamer service when attending the A&E department at the location. There were arrangements in place for people at the end of their life so they could contact the service directly.

Feedback received from patients from the CQC comment cards and from the National Quality Requirements scores 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.

GPs contacted the patient or carer requesting the visit to gather information to allow for an informed decision to be made on prioritisation according to clinical need.

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.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.
- We saw that information was available to help patients understand the complaints system including posters displayed and a summary leaflet available.
- Learning and action from complaints was shared with all staff through face to face meetings, update training sessions and electronic messages sent to all staff on the service computer system accessed individually by all staff. Non regular staff were updated separately through electronic communications and locum GPs received a briefing or induction pack with latest information.

We looked at 13 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained that their child's diagnosis of scarlet fever was different to the diagnosis given by the out of hour's doctor of a fungal infection. The case was reviewed by a senior clinician and the patient received a written apology and explanation. The out of hours GP received additional training from the service including a specific online training module on scarlet fever.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

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

- The service had a mission statement and staff knew and understood the values.
- The service had a strategy and supporting business plans that reflected the vision and values and were regularly monitored.

Governance arrangements

The service had an overarching governance framework that supported the delivery of the strategy and good quality care, however; we found that the governance framework was not always effective:

- The information contained within the service safeguarding policy, which had recently been reviewed at a board level, was not up to date, reflective of operating practices or in line with current guidelines.
- The service did not have a policy in place for managing significant events and the system in place for recording, reporting and learning from significant events was not always effective or reflective of operating procedures.
- The service did not have in place an effective system to ensure that drivers and private vehicles used by GPs for home visits were safe and fit for that purpose.

We did see areas of effective governance, for example:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- 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.

Leadership and culture

On the day of inspection the provider of the service told us they prioritised safe, high quality and compassionate care. Staff told us the leadership 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).

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 regular email bulletins, ad hoc meetings and targeted email updates and information through the service computer system.
- 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 and we saw evidence to support this.
- Staff said they felt respected, valued and supported, particularly by the providers. Staff had the opportunity to contribute to the development of the service.

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

The service encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The service had gathered feedback from patients through surveys, compliments slips and verbal interactions and complaints received. The service used medical students to conduct patient surveys for patients seen in the service as well as those receiving advice and treatment over the phone.
- The service told us they regularly reviewed survey results and we saw evidence the service had committed to offering more telephone consultations to make the service more easily accessed, however the provider was unable to demonstrate improvements made.
- The service had gathered feedback from staff 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. Staff told us they felt involved and engaged to improve how the service was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • The provider did not do all that was reasonably practicable to mitigate risks to service users by having an effective system in place for the management of significant events. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider did not establish and operate effective systems and processes for; • The management of significant events • The safeguarding of patients from abuse • Checking that drivers and vehicles were safe, fit for purpose, and appropriately insured. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.